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ABSTRACT

The Academic Training in Aging for Florida Educators (ATAFE) Project is a federally-funded education program for beginning teachers, designed to promote more positive attitudes toward aging and older persons among youth through the inclusion of aging education in the preparation of elementary and secondary school teachers. ATAFE provides beginning teachers with an overview of aging and helps them address the associated myths and stereotypes through a 12-hour aging education learning series. This document presents the five ATAFE instructional modules used in the program: (1) Overview of Aging for Educators; (2) Images of Aging; (3) Intergenerational Communication Skills; (4) Teaching About Aging; and (5) Volunteers and the Intergenerational Classroom. Each module includes a lesson plan, instructional objectives, and detailed classroom presentation information in outline form. Instructional aids, lists of instructional resources, suggested readings, audiovisual materials, and a glossary are appended and may be used both as aids to the facilitator in the presentation of the modules and as resources for participants to use in their elementary and secondary school classrooms. (Author/NB)

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TEACHING AGING

A Series of Training Modules on Aging for Educators

Developed by the
Academic Training in Aging for Florida Educators Project
ATAFE

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The benefits the volunteers obtained through ATAFE seem to be at least equal to those of the beginning teachers and the children. At this time, one year after the volunteers first entered the schools, almost one-third of ATAFE's older volunteers remain actively involved in school volunteer programs, several others have renewed teaching credentials and returned to active teaching or are working with school districts on promoting the acceptance of innovation in schools, and others have become involved in community programs for youth.

I wish to express my special appreciation to Corky Behncke, Joan Gleason-Manlove, and Judy London, Center for Applied Gerontology, for their efforts in making the Academic Training in Aging for Florida Educators Project -- ATAFE -- successful. A special thanks to Wes Charlow for his help in recruiting ATAFE volunteers and Maxine Urbutiet for all her assistance on ATAFE.

Halaine-Sherin Briggs
Project Director, ATAFE

ACADEMIC TRAINING IN AGING FOR FLORIDA EDUCATORS

INTRODUCTION

Rationale for Studying Aging

Suddenly, older people are news. Not necessarily good news, but news nonetheless. Old folks used to retire quietly -- today, many are making headlines and not always by choice. Congressional committees investigate the scandalous conditions in nursing homes and in health maintenance organizations. Today, older people regularly make headlines as victims of crime and confidence games, and documentaries spotlight the plight of older people, especially the poor.

Is this all media hype? Perhaps, but what do most people really know about aging and old age? What do children know about aging? And how do children feel about aging and older adults? If children know little about aging or have negative perceptions of it, as teachers, are we ready to address the issues associated with aging and old age?

Perhaps nothing accounts for more of the newly awakened interest in aging than the sheer numbers of older people in the United States and the world. In 1900, there were only three million people over 65; by 1985, there were almost 30 million -- or one in every 8 people.

Accent on the Negative

Like attitudes in general, beliefs about aging and older adults come from many sources, but most tend to develop while we are young. The beliefs people have about aging are based on three common, but erroneous assumptions.

- Aging is biologically predetermined and cannot be altered.
- Aging is a process of decline and loss.
- All older people are essentially alike.

The resulting beliefs are the basis for "ageism" which refers to a bias against the aging and older persons and a revulsion to growing old. To some extent, all of us are victims of ageism.

Children and Ageism

The bulk of research on ageism indicates that it begins at a very early age. One group of researchers found that children between ages 3 and 5 "never wanted to become old"; another found that children in kindergarten to third grade had little general knowledge of aging and, when asked to describe an older person physically or behaviorally, could do so only in negative terms (Serock et al. 1977; Page et al. 1981).

Young children will describe older people in positive terms when asked specifically about a grandparent or a family friend. Unfortunately, today's children have little opportunity for such intergenerational contact.

Other researchers have found that by age 12 and 13, children are so preoccupied with the present and their own lives that they give no thought either to older persons or their own aging. Studies of college students' attitudes toward aging yield similar results.

One of the most effective way to reach children and change their negative perceptions of aging and older people is through their teachers. Thus, Academic Training in Aging for Florida Educators (ATAFE) was developed.

ATAFE PROJECT DESCRIPTION

The Academic Training in Aging for Florida Educators (ATAFE) Project is a federally-funded educational program for beginning teachers. ATAFE's ultimate goal is to promote more positive attitudes toward aging and older persons among youth through the inclusion of aging education in the preparation of elementary and secondary teachers.

ATAFE provides beginning teachers with an overview of aging (and old age) and helps them address the associated myths and stereotypes through an aging education learning series. The twelve-hour series focuses on the following:

- I. Overview of Aging for Educators
- II. Images of Aging
- III. Intergenerational Communication Skills
- IV. Teaching About Aging
- V. Volunteers and the Intergenerational Classroom.

Instructional Objectives

Through ATAFE, the teacher-interns are able to:

1. Acquire more complete, accurate knowledge of aging.
2. Develop more effective intergenerational communication skills.
3. Develop the planning skills for working with volunteers in the classroom.
4. Develop skills for integrating aging into the existing curriculum.
5. Evaluate personal attitudes toward aging and older persons.

Intergenerational Exchange

After completing the classroom phase of ATAFE, each teacher-intern worked with a specially trained older volunteer for nine hours in the classroom. The older volunteer's presence serves several purposes:

1. Helps develop and reinforce more positive attitudes toward aging.
2. Provides a role model of successful aging.
3. Demonstrates the special contributions each person can make regardless of age.
4. Provides opportunities for mentor relationships.

Intergenerational interaction has been shown to be essential in changing children's attitudes toward aging. Such experiential involvement is essential to the internalization of new attitudes.

Educator Benefits

Through ATAFE, the participants develop more positive attitudes toward their own aging and toward aging in general. With an increased knowledge of aging, teachers are able to expand their repertoire of teaching skills by developing their own approaches for integrating aging into the existing curriculum.

Specifically, teacher-interns can achieve the ability to:

1. Recognize the impact educator attitudes toward aging have on the curriculum.
2. Integrate aging into the curriculum.
3. More effectively utilize older school volunteers.

HOW ATAFE WORKED

Through ATAFE, 300 baccalaureate level student teacher-interns from the University of South Florida's College of Education, who were enrolled in their required teaching internship, participated in the 21 hour program. These 21 hours included 12 instructional hours of aging education and 9 hours of interaction with an older volunteer. The ATAFE program was conducted during Semesters I and II of the 1986-87 academic year and Semester I of 1987-88.

Significant Outcomes

The primary outcome of ATAFE is the creation of a vehicle through which youth's attitudes toward and knowledge of aging will be improved. Significantly, more positive attitudes toward aging will enhance the number and quality of youth who pursue planned careers in service to the elderly.

It will provide a model for the U.S. Department of Health and Human Services, Administration on Aging. Further, it can provide a model for the introduction of aging education into the curricula of other Colleges of Education.

Sponsors and Supporters

The Academic Training in Aging for Florida Educators Project has received strong community and interdisciplinary academic support. Its co-sponsors and supporters include:

Center for Applied Gerontology, University of South Florida
College of Education, University of South Florida
Department of Gerontology, University of South Florida

Florida Department of Education, School Volunteer Program

Florida Institute of Education

Hillsborough County Public School System

International Exchange Center on Gerontology

Pasco County Public School System

Pinellas County Public School System

South Florida Educational Planning Council

State of Florida Program Office on Aging

Tampa Bay Regional Planning Council Area Agency on Aging

West Central Florida Area Agency on Aging

The Academic Training in Aging for Florida Educators Project is sponsored by the University of South Florida, Center for Applied Gerontology.

ATAFE INSTRUCTIONAL MODULES

The five ATAFE instructional modules have been developed primarily for use with beginning teachers in the kindergarten through twelfth grade educational systems. The modules have been fielded-tested with beginning teachers and proven to be both well received and extremely effective.

The modules are: Overview of Aging for Educators (I); Images of Aging (II); Intergenerational Communication Skills (III); Teaching About Aging (IV); and Volunteers and the Intergenerational Classroom (V). Each provides the facilitator/instructor with a lesson plan, instructional objectives, and detailed presentation. Although presented in outline form, the classroom presentation contains sufficient detail to stand independently. The ATAFE films are intended to introduce an area of study but to provide students with only a small amount of specific information. However, each film has proven effective in setting a positive instructional climate.

The accompanying instructional aids, lists of instructional resources, suggested readings, audio-visual materials, and glossary serve dual purposes. In addition to assisting the facilitator in the presentation of the modules, most of these should be made available to the participants as these resources may be of even greater assistance in the K-12 classrooms.

The development of the ATAFE modules was predicated on their use by facilitators who have some background in aging but may have little experience working with K-12 school systems or teachers.

OVERVIEW OF AGING FOR EDUCATORS

MODULE I

OVERVIEW OF AGING FOR EDUCATORS

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OVERVIEW OF AGING FOR EDUCATORS

INTRODUCTION

The picture of aging today is one that contradicts the persistent negative and stereotyped notions of later life. Emerging in contemporary society is the reality that one's later years may be a time of enhanced well-being with numerous opportunities for continued growth and development, as opposed to a period of life marked by crisis, suffering, and decline.

As we examine the various dimensions of later life -- from the demographic, physical, psychological, and social perspectives -- we find an interplay and reinforcement of developing trends in the fastest-growing segment of the world's population.

For example, the fact that more older people are now embarking upon second and third careers reflects higher levels of education which in turn may be related to improved physical and psychological well-being. Sustained levels of personal income and other material resources for large numbers of older people creates a new segment of the population with considerable political influence as consumers and voters.

DEMOGRAPHIC VIEW OF AGING

I. A CHANGING SOCIETY

A. What's Old

1. The most common definition for "old, older, or elderly" is someone who has reached 65 years of age or older.
 2. Age 65 was apparently first selected by Otto Von Bismark, the first chancellor of the German Empire, who helped enact the Old Age and Survivors Pension Act in 1889 (U.S. House Committee on Aging, 1977).
 3. In what is the world's first legislatively established social security program, Von Bismark's definition of "old" became the guide for most subsequent social legislation, including the U.S. Social Security Act passed in 1935.
- Thus, 65 became the age at which men could receive full Social Security benefits; women could obtain their benefits at age 62.
 - Until the abolishment of mandatory retirement, most companies used the Social Security-eligible age of 65 as the age at which people were expected to retire.

- Today, people still become eligible for Medicare benefits at age 65.
- 4. The U.S. Older Americans' Act of 1965 altered the definition of old when it began funding services, such as nutrition programs, for anyone 60 years of age or older.
- 5. Some organizations, such as the American Association of Retired Persons (AARP), defines "older" as beginning at age 55 for membership purposes.
- 6. Some banks and financial institutions offer special plans to "seniors" beginning at age 55, others offer them at age 60.
- 7. Although there is no single age that establishes one as "old," for many people, 65 is the point at which "old age" begins.
- 8. It is clear that we must have some, albeit arbitrary, common parameters must be used if we are to see what the older segment of the population is like and how it is changing.

B. A Growing Population

America's population is growing older. The major reason for this is simply that fewer people are dying and fewer babies are being born.

1. In 1900, one in 25 Americans was 65 or older, comprising approximately 4% of the population (i.e., 3 million people).
2. By 1980, the older population had grown to more than 11% of the U.S. population and to more than 25 million in number (A Profile of Older Americans, 1986).
3. The older population comprised 12% in 1985 -- or one in every eight people.
- This represents an 11% increase in the size of the 65-plus population between 1980 and 1985, while the under-65 population grew at only a rate of 4% (A Profile of Older Americans, 1986).
4. In 2030, when the children born in 1965 are 65, it is anticipated that 21.2% of those living in the U.S. will be 65 or older.
5. Simply stated, since 1960 the older population has grown twice as fast as has the rest of the population -- a trend that will continue well into the next century (A Profile of Older Americans, 1986).
6. In 1950, the median age (i.e., the age at which half the population is younger and half older) was 30.
- Although it fell slightly between 1950 and 1970 due to the baby boom, the median age

has increased steadily since 1970 and is expected to reach 42 by 2050.

7. People 85 or older comprise the fastest-growing segment of the older population.

- In 1980, 39% of the older population was age 75 or older. By 2000, approximately half will be 75 years of age or older.

- This means tomorrow's older persons will be as different from today's as today's are from the old of 1900.

8. Florida is a forerunner of what is going to happen in the future nationwide.

- For example, in 1980 the percentage of people 65 and older in Florida was 17.3; this percentage will not be attained nationally until 2020.

- When we project Florida's older population for 2020, the percentage of people 65 and older may be as great as 24.4% (U.S. Senate Special Committee on Aging, 1986).

- In 1980, the national median age was 30; in Florida, it was 34.7.

C. Life Expectancy

Life expectancy is another area that is dramatically changing.

1. A person born in 1900, had an average life expectancy of only 47 years. By 1985, life expectancy at birth had increased to 74.7 years, a difference of more than 27 years.
 - The major factor producing the increase in life expectancy is the overall improvement in early childhood survival rates.
2. As we age, our life expectancy increases.
 - In 1985, persons reaching 65 years of age could expect to live an additional 16.8 years (A Profile of Older Americans, 1986).
3. As life expectancy continues to grow, the older segment of the population will continue its feminization.
 - On average, women are more long-lived than men, thus, in 1985 women outnumbered men three to two (U.S. Senate Special Committee on Aging, 1986).

D. Geographic Distribution

1. Where do older people live?
 - Over half live in just eight states -- California, New York, Florida, Pennsylvania, Texas, Illinois, Ohio, and Michigan.
2. Florida with nearly 18% of its total population age 65 or older in 1985, has the

highest proportion of older adults in the U.S. -- a pattern that is expected to continue.

- Florida's high percentage of older adults is the primarily the result of the in-migration of retirees.
3. However, it is misleading to use Florida as a measuring stick.
- Older persons do not move as often as their younger counterparts.
 - Most people who move after retirement settle within 50 miles of their former home.
 - However, 25% of older adults who do move from their home states after retirement do migrate to Florida.
4. In 1980, more older persons lived in the suburbs than in the central cities.
- The reduction in the concentration of older adults in central cities will produce an alteration of the present pattern of social services for the frail elderly.

E. Income, Finances, and Poverty

1. Income sources for the older population break down as follows: 35% from Social

Security, 26% from asset income, 23% from earnings, and 14% from public or private pensions.

2. Overall, one in three households (35%) receives income from private and/or public pension benefits (Employment and Income, 1985).
 3. Older persons, as a group, have more assets than their younger counterparts.
- For example, in 1980 nearly 75% of older adults owned their own homes.
 - It also means most of their money is tied up in assets which are not readily available at a time when cash is needed.

F. Retirement

Our life styles and activities have changed drastically since 1900. Children are spending more time in school, both men and women are spending at their work during their middle years, and older people are spending more time in retirement.

1. In this century, retirement has become an expectation for most workers.
- In 1900, on average, only 3% of a worker's life was spent in retirement. By 1980, the average was 20%.

- A smaller proportion of their lives was spent in the labor force -- a little more than one-half, as compared with two-thirds in 1900.
- Although life expectancy increased by 50% between 1900 and 1980, average years in retirement increased 11 times (1,100%).
- 2. Although 65 is commonly thought of as "the" retirement age, almost two-thirds of all workers retire before age 65.
- In spite of the fact that many people retire early, most (three-fourths) would prefer to continue part-time involvement in the workforce (Harris, 1981).
- 3. Work for women has changed even more.
- Between 1900 and 1980, women's average length of time in the labor force increased from 6.3 to 27.5 years.

G. Family Life, Living Arrangements, and Education

1. Most older persons live in a family setting. The family may be a spouse, a child, a brother or sister, or other blood relation.
2. Since men 65 and older are twice as likely to be married as are women in this age

group, a greater proportion of men live in family settings.

- This is one side effect of women's greater longevity.
- In 1985, women 65 and older outnumbered men 3:2; while women over 85 outnumbered men at that age at a rate of 5:2 (A Profile of Older Americans, 1986).
- 3. Less than 5% of the elderly live in nursing homes at any one time and only approximately 25% of these require the skilled nursing care offered in a nursing home.
- Many older persons go into nursing homes because there are few other alternatives available.
- 4. The educational level of older persons has increased steadily and the difference in educational level between older and younger groups has all but vanished.
- The 1985 median number of years of schooling for persons over age 65 was 11.7 years, with 48% having completed high school and 9%, college.
- The median number of years of education continues to vary noticeably by race and ethnicity with whites completing 12.0 years of school, blacks, 8.1, and Hispanics, 7.1 (A Profile of Older Americans, 1986).

H. Health

When asked, most people age 65 and older describe their health as either good or excellent in comparison to their view of others of the same age (Harris, 1981).

1. A positive view of one's own health seems to be a factor in the area of health utilization.
 - In a 1984 study, the 65% of the respondents who saw their health as good to excellent had only 3.3 bed days and 2.5 doctor visits per year; whereas the 35% who viewed their health as fair to poor had 64.2 bed days and 15.3 doctor visits per year.
 - These findings also suggest that people, regardless of their ages, may make more accurate assessments of their personal levels of health than do health care providers.
2. Although older persons are more likely to have chronic health conditions, they have far fewer acute disorders.
 - Approximately, four of five persons age 65 and older have one chronic condition and many have multiple chronic conditions.
3. Older people have fewer mental impairments than other age groups.

- Studies by the National Institute of Mental Health found persons 65 years and older to have the lowest rates of all age groups for eight common mental disorders (U.S. Senate Special Committee on Aging, 1986).

I. Voting Behavior

How people vote and whether they are conservative or liberal depends largely on individual life experiences and history and vary greatly from one age cohort to another within the older population.

1. In 1980, older people comprised a little more than 11% of the U.S. population; by 2000, older people are expected to account for almost 15%.
- Any group that comprises one out of eight people in a country must figure prominently in its political and economic workings.
2. Older persons tend to hold more political power than either they or many other people realize.
- Voting records from 1980 and 1982 indicate that one-third of all voters are 55 or older.
 - In the 1976 presidential election, only 36% of men and 40% of women, aged 18 to 21,

voted, while 71% of the men and 63% of the women, aged 65 to 74, voted. Persons 65 and older accounted for 16% of the voters in that election, although they accounted for barely 11% of the total population (Brotman, H., Gerontologist 17(2): 157-59).

3. In several Florida counties, especially those with populations approaching a 50-50 split (i.e., 50% over age 60 and 50% under age 60), older people have tremendous political power. Although they have yet to vote as a bloc, their potential influence should not be underestimated.

SUMMARY

America's older population is growing at an unprecedented rate. Additionally, the present character of this portion of the population is changing. On average, older people are healthier, better educated, have a greater level of economic well-being, and are maintaining a greater degree of involvement in family and community life than any preceding older group.

Aside from creating a sizeable political and economic bloc, the sheer growing numbers of older persons allow and require a reexamination of aging characteristics -- physical, psychological and social that once carried a strong negative bias but are now changing dramatically in a positive direction.

PHYSICAL AGING

I. OVERVIEW

What does it mean to age? There are many theories as to why we age. None of them has proven to be the one-and-only answer.

A. Perspectives of Aging

1. The concept of "age" can be defined in many ways.

- Chronological Age, the most common measure, indicates the time passed since birth. It often serves as the criterion for eligibility for services or programs for older persons.

Unfortunately, chronological age is the poorest predictor of health, abilities, or level of functioning.

- Biological Age estimates to what extent the body has changed.
- Psychological Age assesses the individual's ability to adapt to changing environments.
- Functional Age more specifically measures the ability to function compared to others of the same chronological age.

- Social Age describes the roles and social habits of an individual with respect to other members of a society.
- 2. Each measure has specific applications and each is important to a better understanding of differences among older persons.

B. The Aging Process

1. Aging does not begin at birth, as some people believe. Although we begin growing older from birth, aging does not begin until maturity is reached.
2. Since all body systems do not attain maturity at the same time, they also do not undergo the changes associated with aging at the same time.
- Individuals mature at different rates, therefore they age at different rates. Responses to the aging process also vary among individuals.
- Many things affect the ways in which people age: heredity, living environment, and, most importantly, health.
3. As we age, the organ systems and organs undergo small but definite changes, but these occur gradually.

4. The nature of these changes are not universal, nor are they irreversible, as we once believed.
 5. The efficiency of all body systems tends to decrease as we age; however, a greater number of changes occur between ages 35 and 45 than between ages 60 and 70.
- Most of the changes that have always been associated with growing old actually begin very early in life.
 - Thus, chronological age's inadequacy as a predictor of how old we feel or how well the body's organ systems function becomes more obvious.

C. Health and Aging

Many myths focus on the health or physical condition of older persons. These stereotypes portray older persons as sick, frail, and debilitated, as people who should or almost always have to be institutionalized.

True, some people do suddenly get sick and decline. When such an event occurs early in life, however, it is called illness, not aging.

1. Older persons have fewer short-term (acute) illnesses than do young persons; however, older persons require longer recovery times

because older persons as a group have "diminished reserve capacity."

- Older adults do not have the same reserves to call on in times of physical stress as they did when they were younger. Thus, their "bounce-back" time is greater.
2. Older persons do have more chronic, or long-term conditions, than younger people.
- At first glance, statistics on chronic conditions appear very depressing, with 80 percent of older persons having a chronic condition.
 - However, in a recent National Center for Health Statistics study more than two-thirds of the elderly polled describe their health as "good to excellent," and over 50 percent of persons over age 85 indicate they had no physical disabilities.
 - We receive much of our information about the health of old people from physicians. However, most of the older people they see are ill. Thus, they generalized what they observed in their own patients to all older people.
3. Today, most people over 65 will not spend the next 20 or 30 years of their lives in poor health. They will continue in good health and lead very active lives.

II. BODY SYSTEMS AND AGING

A. Skin

Our skin begins to change at about age 30.

1. As we age, our skin wrinkles and loses its elasticity.
 2. This is caused by a reduction in subcutaneous fat located beneath the upper layers of skin -- the dermis and the epidermis.
 3. The skin becomes thinner and drier because of the loss of fat under it.
 4. The skin remains healthy as it ages.
- The development of ulcers on the skin, caused by poor circulation, and skin cancers, caused by prolonged exposure to the sun, are more prevalent in later years but are not a part of normal aging.

B. Musculo-skeletal System

Problems of the muscles and bones can lead to mobility difficulties for an older person.

1. It is impossible to cite all the movements made by the body through this system, but we can consider the precision necessary to

complete a single act, even one as simple as tying your shoe.

- The task requires bending, reaching, lifting, and twisting, in addition to manual dexterity.
 - Using the bones as levers, the muscles can accomplish this task, as long as everything else is working effectively. However, as we age, changes may take place that could make some tasks more difficult.
2. Maximum strength is attained between ages 20 and 30. After peaking, there is a gradual decrease in the number and the bulk of active muscle fibers.
- The degree of elasticity of the muscles decreases, reducing flexibility.
3. There is no timetable indicating the age at which these changes will begin.
- Studies of normal aging show that regular, systematic exercise plus proper nutrition is the best way to maintain flexibility, strength, and vigor.
4. Arthritis is a chronic condition which results from a) degenerative changes in a joint and/or b) inflammation of joints.

- Although often associated with old age, arthritis refers to a group of conditions that affects persons of all ages.
- The common type of arthritis seen in most older adults is osteoarthritis.
- 5. Osteoarthritis commonly affects weight-bearing joints such as knees, hips, and the spine, and the frequently used joints of fingers, hands, wrists, and feet (Barrow, 1986).
- In osteoarthritis, joint cartilage becomes soft and wears away with use leaving the bony surfaces of the joint exposed.
- Without the protective cartilage, joints become stiff and painful.
- For some people, osteoarthritis develops as a result of an injury to a joint, for others it evolves from high levels of joint use.
- 6. Osteoporosis, one of the most significant age-related change in bones is a reduction in bone mass. Bones become more porous and less dense.
- Osteoporosis is vastly more common in women than men and its onset usually occurs during middle-age.

- The causes of osteoporosis include calcium deficiency, possible disturbances in protein metabolism, lack of regular and systematic exercise, and decreases in estrogen.
- We often hear the remark that someone fell and broke a hip. In fact, it is more likely that, because of osteoporosis, the hip broke and caused the fall.
- A daily calcium supplement and flexing exercises twice daily can greatly reduce the impact of age-related bone changes.
- 7. The discs between the spinal vertebrae flatten slightly with age, causing males to lose about an inch in height, and females, from one to two inches.
- Thus, when people say they have become shorter as they aged, they are correct.
- The configuration of the spine may change due to the combination of osteoporosis and change in muscle tone, causing a condition called kyphosis or "dowager's hump." Neck-stretching exercises have been shown to retard the development of this condition.

C. Nervous System

1. The nervous system, a complex network of duplication and replication that works in tandem with all other body systems, is

unique in that when a nerve cell dies it does not regenerate as do cells in other body systems.

- All our nerve cells are present at birth. Fortunately, we have more neurons than are normally utilized, thus providing a built-in backup system.
- 2. In the course of normal aging, as neurons die, the spaces between them, called synapses, become greater. Thus, in older persons stimuli must be transmitted further in order to access another healthy neuron.
- Through normal adaptation, alternate pathways are selected for the transmission of the data.
- 3. Thus, reaction time becomes fractionally slower than it was when we were younger.
- Although measurements of reaction time are made by psychologists in laboratories and measured in milliseconds, older persons acknowledge that reaction time slows.

D. Circulatory System

1. Some circulatory changes are only disease-related.
- Regardless of age, cardiac cells are not replaced if they are damaged or destroyed.

- An enlarged heart is not a normal age-related change.
- 2. Some circulatory system changes are normal and age-related.
- Fatty deposits can accumulate in the heart, depending on diet, exercise, and heredity.
- The heart valves become less flexible and somewhat thicker.
- The blood vessels become less elastic, somewhat thicker, and more resistant.
- 3. These age-related factors cause circulation to slow and blood pressure to increase as more power is required to move the same volume of blood.
- Once again, many of these changes, which occur so gradually that a healthy person may not even notice them, can be avoided, to some extent, through activity and diet.

E. Digestive System

Age-related changes that occur in the digestive system of a healthy person are minor and occur gradually throughout the life span.

1. There is a reduction in the speed of digestion that may produce a slight decrease in appetite.

2. The process of elimination often requires increased fiber in the diet.

F. Respiratory System

1. Aging produces a decrease in lung capacity.
2. Nonsmokers who have been fairly active all of their lives do not notice any major age-related changes in their respiratory capabilities.
3. Respiratory abuse, including smoking and breathing polluted air, does far more damage to our lungs than aging.

G. Reproductive System

1. The most notable age-related reproductive change for women is the loss of reproductive capacity.
 - Menopause usually occurs between the ages of 42 and 52.
 - The amount of estrogen and progesterone produced decreases and menstruation ends, both of which coincide with the cessation of women's reproductive capabilities.
2. Among men, the changes are less dramatic. Between ages 48 and 60, the testosterone

levels decline and fewer sperm are produced.

- The amount of seminal fluid decreases and the force of the ejaculation is reduced, but in general, a man's reproductive capability is not lost.
- 3. Contrary to popular belief, for a healthy person sexual interest and capacity do not decrease or cease as a result of aging.
- In fact, many people discover that their sex life becomes more enjoyable once their childbearing years are behind them.

III. SENSORY SYSTEMS AND AGING

A. Vision

Visual acuity decreases as we age.

1. After maturity, a) the lens of the eye becomes slightly less transparent and does not let in as much light and b) the eyes require more light to stimulate the visual receptors (rods and cones).
2. Pupil size also decreases with age.
- It is estimated that with lens changes and smaller pupil size a 60-year-old receives only 30 percent of the light that a 20-year-old receives.

- As we age, our eye's ability to adapt to changes in the light level, called light/dark adaptation, also decreases.
- Along with changes in its transparency, the lens also becomes less pliable and the eye muscles are less efficient.
- 3. Presbyopia or farsightedness can occur.
- 4. These changes do not occur when we reach 65; they begin when people are in their 20s and 30s.
- As these changes gradually occur, we automatically adapt to them.

B. Hearing

Changes in our hearing begin subtly in our 20s, become more marked as we grow older, and by age 40 may become noticeable. Studies indicate that 50 percent of all older persons experience no hearing loss. These progressive changes are almost universal.

1. Presbycusis is a major cause of change in hearing.
- It is the result of a reduction in the flexibility of the eardrum.
 - Presbycusis occurs slowly and first involves the loss of high frequency sounds.

- Presbycusis is found more often in men and may indicate occupational rather than gender differences.
- 2. Changes in ear wax, which becomes thicker and harder to dissolve, is another major cause of changes in hearing.
- As wax accumulates, it blocks the auditory canal and prevents stimulation of the auditor receptors.
- 3. Hearing problems are often more related to factors such as noise pollution, disease, and abuse than to age.

C. Taste and Smell

1. As with sight, taste and smell require greater stimulation to activate receptors.
- The normal changes in all five senses are so slow that most people adapt to them without even being aware of it.
2. There is a reduction in number and receptivity of taste buds, which leads to changes in eating habits.
- Nonsmokers normally do not notice this loss.
- Smoking does far greater damage to the sense of taste than does the aging process.

SUMMARY

The outstanding fact that people are now living longer and at levels of physical well-being that permit combined activity and involvement leads us to an understanding that later life is not a time to be feared, denied, or ignored. Instead, we see that advancing years, carry with them unique psychological and social challenges and possibilities which may help to redefine and enhance our view of the total life span.

PSYCHOLOGY AND NORMAL AGING

I. COGNITION

Most people experience little real change in their cognitive abilities as they age. However, some people are faced with changes in levels of cognitive performance.

Intelligence and how it is affected by the aging process has been the subject of innumerable research studies. Most recent studies have found that a serious decline in intelligence is often precipitated by severe physical problems or by decreased social stimulation, not by the aging process.

A. Intellectual Capacity

1. For many years it was believed that a dramatic decline in intellectual capacity was a normal part of the aging process.
 - Empirical research lent weight to this belief.
2. In recent years, however, the apparent decline in intellectual capacity (intelligence, memory, learning, and problem solving) noted in early studies was more likely the result of cross-sectional research designs rather than true age-related losses.

- Many studies of adult intelligence, conducted prior to and during the 1950s, were cross-sectional studies. Thus, the test scores of older persons were compared with the scores of young persons.
- The results produced in accurate impressions of the cognitive and intellectual abilities of persons over age 55.
- 3. Since the 1970s, longitudinal studies -- the type of study that follows the same group of people through the years -- have demonstrated that overall intelligence is maintained throughout the lifespan.
- The primary change associated with aging is a decrease in psychomotor skills that involve speed.
- 4. Persons who remain active as learners show the least decline.

B. Social and Physical Influences

The great majority of cognitive changes that occur as we age result not from aging but from other factors.

1. Cognitive changes are often seen in people who are in poor health, isolated, and socially deprived.

- For example, persons with severe cardiovascular disease often show changes in their cognitive abilities, regardless of their age.
 - The changes these persons experience are most often related to the diminished efficiency of the circulatory system and a generalized decrease in cerebral blood flow.
2. As educators, we are all aware of the importance of environmental factors, including stimulation, challenge, and variation.
- Children who grow up in a deprived environment have, on average, lower scores on both intelligence and standardized achievement tests.
 - When a socially isolated child is placed in a rich and stimulating environment, the improvement in test performance can be dramatic.
3. The impact the environment has remains highly influential as people age. Regardless of age, all people benefit from an enriched environment.

II. PSYCHOLOGICAL STATUS

A. Fluid Intelligence

1. Fluid intelligence involves nonverbal cognitive skills that are fairly independent of education and experiences and more directly related to the functioning of the nervous system.
2. Fluid intelligence may show some change as people age (Birren, J. E. & Schaie, K. W. 1985).

B. Crystallized Intelligence

1. Crystallized intelligence, which involves use of vocabulary, information and judgment, is dependent on learning and acculturation and does not decline with age.
2. In fact, according to Ward (1984, p.37), "the cultural knowledge reflected in crystallized intelligence appears to increase with age."

C. Memory

Age-related memory research has been dominated by an information-processing model.

1. Tests on sensory memory (the visual picture of what you saw or the mental echo of a

sound) show no real difference between young and old persons.

2. In psychological terms, primary memory is a temporary storage process in which information is held while it is being learned. Most studies show little real difference between the performances of younger and older adults (Botwinick, J. 1967).
3. Secondary memory or memory for recent events is the process in which older people may appear to have some loss (Botwinick, J. 1967).
 - Test results suggest that loss of secondary memory is not actually the same as forgetting but rather an indication the information was never stored to begin with -- a learning difference not a memory difference.
 - Although there is some evidence of loss in short-term memory as we age, the greatest decline occurs in one's ability to recall information under pressure.
4. Remote memory remains strong as a person ages, primarily due to the rehearsal effect. Thus, aging has little impact on the older person's ability to recall past events.
5. Forgetfulness, especially of recent events, may be due to illness such as hypertension, arteriosclerosis, alcoholism, or depression.

- Older people may also forget recent events that are painful or meaningless.
 - Forgetfulness may also be due to lack of interest or a reduced ability to concentrate.
 - Extraneous noise and environmental distractions can interfere with the ability to remember recent events.
6. Overall, research suggests that diminished memory is more the result of illness or intellectual stagnation than the result of aging.
 7. The best way to improve memory and the ability to learn is through use -- continued activity and intellectual stimulation.

D. Learning

There is no evidence to support the misconception that older adults are unable to learn new things. Older persons can and do learn; moreover, the number of older adults participating in organized adult education programs grows annually.

1. The fact that it takes most adults longer than children and adolescents to learn new material or master new skills may be more a

reflection of different learning styles rather than of a loss in the ability to learn new material.

2. Ease in learning is dependent on several factors.
 - With age, the acquisition of information becomes increasingly dependent on motivation, interest in the subject, a stress-free environment, and the speed at which the material is presented.
 - As with students of any age, encouragement and reassurance can aid in the learning process.
3. Older adults also show significant improvement in their ability to learn information when they proceed at their own pace and when the material/information is somewhat familiar.
4. After adolescence, all adults, regardless of their age, tend to require greater amounts of practice time in order to become proficient in new skills.
5. Further, an adult, regardless of age, must have reasons to learn new information or skills.
 - When there is a purpose to learning, adults learn and retain information as effectively as they did when they were younger.

- Individual learners must be comfortable in the learning environment and must receive positive reinforcement, not punishment, if they err.
- When adults are motivated to learn, they can be among the most enthusiastic students a teacher will encounter.
- 6. Traditionally, mature students (i.e., those over 35) outperform their younger classmates.
- They bring to the class a wealth of experience that often facilitates the immediate application of newly acquired information.
- Many teachers find that having mature students in their class is an exciting, challenging, and rewarding experience.

E. Creativity

According to Picasso, creativity is limited only by talent, not by age.

1. We find abundant examples of creativity by such people of advanced age as Picasso, Grandma Moses, Segovia, Mao Tse-Tung, Agatha Christie, Warren Berger, George Burns, Bob Hope, Helen Hayes, and Helen Keller.

III. MENTAL HEALTH AND AGING

A. Personality

The continued development of personality during adulthood was first suggested by Erik Erikson.

Erikson's theory of personality development throughout the lifespan was in sharp contrast to prior theories which focused on the establishment of personality during childhood and adolescence.

1. Erikson divided the life span into eight stages with the first five stages of psychosocial development occurring in childhood and adolescence, one in young adulthood, and the last two, during middle and old age.
2. Erikson's middle adulthood stage, called "generativity versus stagnation," addresses the need all adults have for accomplishment -- the need to be productive and to see positive outcomes of one's efforts.
3. The psychosocial developmental stage of late adulthood, is referred to as "ego integrity versus despair."
- This Erikson stage emphasizes the importance of accepting one's life, the decisions that were made, and their outcomes.

4. Perhaps the most important aspect of continued personality growth focuses on how well an older adult adapts to the aging process.
- Adaptation is essential if older persons are to maintain their independence and to attain an acceptable level of life-satisfaction. (Erikson, E., 1963).

B. Alzheimer's Disease

Alzheimer's Disease is a disorder in which a person becomes increasingly confused, forgetful, and irritable.

Alzheimer's is a disease and it is no more a normal part of aging than muscular dystrophy is a part of childhood.

The vast majority of people (over 95 percent) will never develop Alzheimer's Disease, and the small number older persons who do are in their 70s.

1. Until recently, the diagnosis of Alzheimer's Disease was reserved for people under age 60 who developed this particular cluster of dementing symptoms.
- When people over age 60 exhibited the same symptoms, they were described as senile.

- The cluster of symptoms is referred to as dementia. Recently people who develop such symptoms are described as having Alzheimer's-like disorders.
- 2. We now know that whether a person is 50 or 70, the course and symptoms of Alzheimer's Disease are generally the same.
- Technology indicates that the same abnormalities occur in the brain, regardless of the victim's age at onset of the disease.
- 3. Because they are based on symptoms, diagnoses of Alzheimer's Disease are always considered presumptive.
- The only way to make a definitive diagnosis is through autopsy.
- 4. Alzheimer's Disease has recently received a great deal of media attention, making it one of the most frequently over-diagnosed and misdiagnosed diseases.
- It is estimated that at least 10 percent of those diagnosed as having Alzheimer's Disease are actually experiencing a reversible cognitive decline caused by depression, trauma, medication, dietary changes, or infection.
- The tragedy of misdiagnosis is that reversible or curable conditions if ignored,

not recognized, or left untreated over time can become irreversible.

5. A comprehensive physical, psychiatric, and social evaluation is essential before a diagnosis of Alzheimer's Disease is made.
6. Current evaluation tools that can uncover other causes of the symptoms are very expensive and time-consuming.

C. Mental Health

When psychological problems occur, it is not unusual for the older person also to be in poor physical health.

1. Successful aging requires that we adjust to the changes occurring throughout our lives.
- Difficult changes can include death of a spouse, loss of a job or retirement, and physical illness.
 - Overcoming each event requires a great deal of emotional resilience. Some older persons are not able to adapt to their accumulated losses.
 - This can lead to a variety of reactions including anger, grief, depression, and anxiety (Butler & Lewis, 1982).

2. Depression is a common emotional problem in later life.

- In older adults, depression tends to be a reaction to a specific event, such as retirement, loss of a spouse, move to a new residence, or loss of income.
- Loss of appetite, sleep, and of emotional well-being and pleasure in life are signs of depression.
- Treatment can be short-term and focused, emphasizing coping strategies for dealing with the crisis or trauma.
- As a matter of fact, depression seems to be more treatable in older adults than in younger people.

3. Paranoid disorders that develop during later life are less common and may be less protracted among older people.

- An older person's short-term response to stress may involve disturbances in mood, behavior, and thinking (Butler & Lewis, 1982).
- Paranoid disorders are usually more treatable among older persons than young people.

4. Alcohol abuse is a growing problem among older people.

- Alcohol abuse among older adults is often less visible because of the lifestyle changes associated with aging.
 - Compared with young and middle-aged alcoholics, elderly alcohol abusers consume smaller amounts of alcohol and show fewer personality disturbances (Ward, 1984).
 - A person who begins abusing alcohol in later life can be effectively treated.
5. Drug use by older adults has reached unprecedented levels.
6. According to Peterson (1979) and Atkinson and Schuckit (1981), people 55 and older in the United States are the largest consumers of legal drugs, including sedatives and tranquilizers.
- Potential dangers are inherent in self-medication, abuse of over-the-counter drugs, and inaccurate or excessive prescription drugs.

SUMMARY

Just as the myth connecting physical disease with old age is being debunked, so is the notion that connects old age with senility and other "age-specific" psychological and personality problems.

Bolstered by better physical health and greater economic stability, as well as higher levels of education, people in later life are adapting more effectively to the aging process. Older people are exploring creative and therapeutic opportunities that place a real value on their life experiences and are defining new and more satisfying social roles for themselves in the public and private spheres.

SOCIAL ASPECTS OF AGING

As we grow older, changes occur in our lives -- family, work, friends, interests, and responsibilities -- that require us to make adjustments. It is not unusual for a person of 65 to be a grandparent; nor is it unusual for this same person to be going back to school to train for a new career -- possibly a second or third career. A widowed or divorced person of 65 may be starting to date again.

People in their sixties may take tennis or golf lessons. They may enjoy quality time with their grandchildren or great-grandchildren and may find it most enjoyable without the pressures of full-time child-rearing or career development.

People are living longer and their lives are far different from those of their parents and grandparents. Older people no longer accept the societal expectation that old age be a passive or lonely time of life.

I. MARRIAGE AND FAMILY

A. Marriage, Remarriage, Widowhood

Marriage, for most men and women age 65 and older, is the accepted norm in a male/female relationship.

The present generation of older persons may be the most married generation we will encounter.

Their marriage rate is higher and death rate lower than those of preceding cohorts. The older adults of the 1980s also have far lower divorce rates than those of younger groups.

1. Earlier in the demographic section, we saw that most men 65 and older are married, while most women are not.
 - However, widowhood is decreasing proportionally among older persons. This is due; in part, to greater longevity of married couples.
2. Although women generally live longer than their spouses, most marry men older than themselves, thus increasing the probability of spending more years in widowhood than do men.
 - Women also have fewer potential new spouses if widowed, than do men. Thus, the probability of second marriages is quite low.
3. When men are widowed, they not only have more women of their own age to choose from, but women younger than themselves as well.
4. Another consideration older couples face is the distribution of their individual estates.
 - Pre-nuptial agreements have become commonplace in the 1980s to insure that the assets each person brought to the marriage

will go each one's respective family upon the person's death.

- An alternative that has increased in frequency among older persons is the option of having a "significant other" rather than a spouse.
- "Living together" is an arrangement which carries less stigma than it once did.
- 5. Moreover, financial or other considerations may make marriage undesirable.
- For example, if a woman would lose her rights, as a widow, to a portion of her husband's pension upon the advent of a new marriage, she may decide that a wedding is an luxury she cannot afford.
- 6. Even when taking widowhood into consideration, most old people live with another person, rather than alone.
- The family unit is usually consists of a married couple; however, it may also refer to an older person living with a child, another relative, or a friend.

B. EDUCATION

Many people 65 and older are active lifelong learners. Some return to school as degree-

seeking students, or some seek enrichment through participation in formal and informal adult education programs.

1. In the 1920s and 1930s, education was not as accessible as it is today.
 - Many young people left high school to work during the depression.
 - College was outside the realm of possibility for the majority of the youth of the 1920s and 1930s.
2. In spite of the problems in acquiring an education, data show that, by 1982 most of the people in this country, including those up to age 70, had completed high school.
3. Today, there are programs targeted especially toward older adults.
 - Elderhostel is a short-term program for seniors 60 and older held during the summer on college and university campuses throughout the United States and Canada.
 - Elderhostels use college facilities including dormitories, cafeterias and classrooms and offer diverse courses ranging from English Literature to tribal folklore.
 - In 1986, Elderhostel, which began in the mid-1970s, had over 100,000 mature participants in programs in 750 colleges.

4. A number of states, including Florida, have instituted tuition waiver programs for older adults.

- The majority of these programs enables persons over age 60 to audit classes in state universities on a "space available" basis without charge.

II. CHANGING SOCIAL ROLES

Throughout the life cycle role transitions occur.

A. Work and Retirement

Work and retirement are possibly the most studied aspects of aging and with good reason. Retirement affects most aspects of our lives -- income, roles, social status, friendships, place of residency and especially our leisure.

1. For many men and an increasing number of women, their occupations require a tremendous investment of time, energy and commitment.
- Success in occupations provides a large measure of social recognition, economic well-being, personal satisfaction, and even, identity.

- An intense involvement in one's occupation may present difficulty in the face of retirement.
- 2. As the population ages, older workers will comprise an increasing proportion of the workforce.
- Older workers, those aged 55 or older, are reliable, effective workers who have lower rates of absenteeism and on-the-job accidents than younger workers.
- Although older workers take longer to learn a new skill, they can effectively adapt to changes in the workplace.
- 3. Retirement -- perhaps one of modern society's only rites of passage into "old age" -- is often described as a "crisis."
- This view may stem not from retirement's direct impact but rather from the importance accorded "work" in modern society and the perceived lack of roles available to retirees.
- 4. When the retirement decision is made by the worker, the change is usually more acceptable because it is planned.
- Retirement is also more acceptable when it occurs at the appropriate time in the life-cycle.

- Unfortunately, when retirement is forced on a worker, he/she may feel ill-prepared to deal with its effects and may result in feelings of loss, stress and alienation.
5. Although the trend is toward early retirement, there is great variation in the ages at which people retire.
- Persons who opt to retire early commonly do so for several common reasons: they anticipate a good retirement income; their health may be declining; major changes are planned by the employer; or they desire more flexibility in their lives (Atchley, 1976).
6. Even with the trend toward early retirement, when asked most people (three-fourths) indicated they prefer some form of part-time work (Harris, 1981).
 7. Preretirement planning is important to facilitating the retirement process.
- Workers who participate in preretirement planning programs prior to retirement benefit in numerous ways:
 - Their feelings of uncertainty about retirement are reduced; the tendency to miss their former jobs is reduced; their fears about health are reduced; their negative stereotypes of retirement are reduced; and their levels of satisfaction with retirement is increased (Atchley, 1976).

B. New Roles

The case of retirement and aging as a time of role loss may have been overstated. Society provides direction in role changes by making new roles both visible and accessible.

1. Retirement affects most aspects of a worker's life including: income, health insurance, social status, and leisure time activities.
 - One's perception of value as provider/protector in his/her family may change.
 - Since many people socialize with co-workers, contact with these friends often declines.
 - How one spends his/her leisure is greatly altered in a) amount of time and money available for hobbies/activities and b) the satisfaction derived from the leisure activities.
2. Unfortunately, the problem is not the lack of role but of role content.
 - Present roles accorded older adults lack substance, may appear juvenile, and offer only limited opportunity for ego fulfillment.

3. Retirement may be viewed as a major role with specific rights and responsibilities.
 - According to Atchley (1926), a retiree is expected to live within one's income and not become financially dependent.
 - The retiree is also seen as having the right to reliable retirement income and to determine how to use his/her leisure time.
4. Unfortunately, retirement, as a role, is very vague and differs immensely from one person to another.
 - The only specific rights and responsibilities which pertain to the retirement role center on financial independence and income stability.
 - The rights/responsibilities of the retirement role associated with how one utilizes leisure time and what constitutes appropriate/constructive use of time differs greatly.
 - The lack of definition leaves the retiree in confusion as to whether he/she should seek part-time paid or volunteer work, increase personal involvement with children or grandchildren, or pursue personal hobbies, sports, or activities.
5. The retirement role's lack of clarity may inhibit the retiree's satisfaction or sense of in fulfilling his role responsibilities.

C. Family Involvement

1. Family ties are important to older persons whether they work or are retired and whether they live near to family or not.
2. Retirement usually occurs at a time when family responsibilities are decreasing.
- Children generally have attained financial and personal independence. They usually are married with homes and children of their own.
3. Retirees or retired couples may become more involved with grandchildren when geographic accessibility, personal health, and intact family relationships permit.
- The grandparent role seems to be highly satisfying for many older adults and equally rewarding for the young child.
- The grandparent role has multiple meanings/benefits that vary from person to person.
- Primary among these are: a) feelings of personal renewal, b) sharing family history and promoting a sense of continuity between the generations, c) establishing closer relationships with their own children, and d) achieving self-fulfillment via the vicarious participation in the grandchild's accomplishments.

4. Other family relationships may change.

- Although most married couples become closer and more mutually supportive as they age, their relationship does undergo a process of change immediately following the retirement of one of the spouses.
- New patterns of behavior, time-use, expectations, and even negotiation may be required and established.
- For example, when a man retires he may have certain expectations of how he and his wife will spend their leisure time.
- On the other hand, if the wife has not worked, she may have long-established patterns of time-use. She may feel his presence during the day is disruptive or annoying. She also may not share her husband's perceptions of how their shared leisure time will be utilized.

D. Use of Leisure Time

1. On the whole, after people reach age 30, solitary activities, such as reading, watching television, and contemplation, begin to consume greater portions of their leisure time.
- This change in patterns of time-use evolves and bears little or no relationship to

whether an individual is employed or retired.

2. Although the desire for parttime work was expressed by almost 75 percent of those questioned in a 1981 Harris survey, it is unclear as to what proportion desired employment solely for its social benefits.
3. Volunteerism provides a mechanism through which retirees can maintain their community involvement, regain a portion of their earlier social status, or achieve a social status not previously attained, fulfill contributory (generative) needs, and develop a social network (friendships). (This topic is discussed more fully in the ATAFE manual on volunteers.
4. Through its greater flexibility, volunteer work may provide a more viable alternative to paid employment.
5. Volunteer work may offer the retiree an opportunity to develop skills and pursue activities previously precluded by occupational constraints.
6. The benefits of volunteerism to a community are immeasurable at both the human and a financial level.

- A significant portion of volunteerism involves forms of service to others, with human benefits accruing to both volunteers and recipients.

SUMMARY

We have seen that because of greater physical well-being and enhanced quality of life older people are now engaged in increasingly greater social involvement through second careers and volunteerism. The way older people live and interact with society is rapidly changing and developing with unlimited possibilities for the future. This involvement is helping redefine and reinforce intergenerational contacts that benefit all age groups.

OVERVIEW OF AGING FOR EDUCATORS: FACILITATOR GUIDE

OBJECTIVES

Through this module, students increase their knowledge of aging and will be able to:

1. Identify three ways in which today's elders are different from previous generations.
2. Identify three common age-related physical changes.
3. Recognize how psychological changes common in aging affect intellectual performance.
4. Demonstrate an understanding of how roles change as people age.

TIME REQUIRED

The basic module and a 15 minute discussion session per unit requires 4.0 instructional hours. The total amount of instructional time required for Module I varies with the number of audio-visual resources utilized, class size, and the length of discussion.

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AUDIO-VISUAL RESOURCES (Appendix A: descriptions/ordering information.)

Demographic View of Aging

Aging: A State of Mind. (Slides and Sound Cassette)

Psychology and Normal Aging

Prime Time Series: Coping With Change. (16mm; 1/2 inch VHS)

Social Aspects of Aging

A Family Decision. (1/2 inch VHS only)

Plan For Retirement. (Slides and Sound Cassette)

Prime Time Series: Learning To Enjoy. (16mm; 1/2 inch VHS)

My Mother, My Father. (1/2 inch VHS only)

INSTRUCTIONAL MATERIALS (Included in Appendix B.)

ATAFE Test on Aging (Achievement Test/Key)

ATAFE Test 2 on Aging (Achievement Test/Key)

Palmore's Facts on Aging - Short Quiz.

Palmore's Facts on Aging Quiz: Part II.

IMAGES OF AGING

MODULE II

IMAGES OF AGING

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IMAGES of AGING

Suddenly, older people are news. Not necessarily good news, but news nonetheless. Old folks used to retire quietly. Today, they make headlines. Congressional committees investigate conditions in nursing homes and health maintenance organizations; older people regularly make front-page news as victims of crime and confidence games; and documentaries spotlight the plight of older people, especially the poor.

The media has done much to portray the elderly as victims. Sensational issues command the most attention. Unfortunately, this usually means bad news.

Perhaps nothing accounts more for the newly awakened interest in old age than the sheer numbers of older people. In 1900, in the United States, there were only 3 million people over 65; in 1985, there were almost 30 million --or one out of every eight Americans.

Our view of aging is largely determined by the culture in which we were raised. Through culture, we learn our attitudes and values. Unfortunately, we also learn its myths and stereotypes.

Many misconceptions people have about aging are based on three common, but erroneous assumptions.

- Aging is biologically predetermined and cannot be altered.
- Aging is a process of decline and loss.
- All older people are alike.

These flawed beliefs produce an undercurrent in our society which tells us that, at best, older people are only to be tolerated. The result is a society that looks at aging as a problem in need of a solution, rather than as a normal stage of life.

I. BACKGROUND

A. Terms

Culture provides us with a framework to evaluate things around us. Culture also serves as the means for the transmission of beliefs, attitudes, values, and stereotypes.

1. Values reflect the importance placed on actions, people, and goods. Values enable us to determine the importance of our personal goals as well as those of our families or social groups.
 2. Attitudes are the persistent tendencies to act in a certain way in response to someone or something, our likes and our dislikes, our beliefs about groups of people.
- Attitudes may be communicated through withdrawal or aggressive behavior, either of

which may be used to control a person or group.

3. Stereotypes are overgeneralizations or exaggerations about the characteristics of an group. Stereotypes enable us to make broad, dramatic statements about the entire group. They are usually negative and filled with exaggerations and distortions of fact.

B. Where Do Attitudes Come From?

We develop personal and social perceptions of everything around us, including aging and older people.

1. Personal perceptions or beliefs are influenced by our experiences. Usually, our personal perceptions of older people have been influenced by our interaction with a specific older person or persons, for many of us, our grandparents.
- Our personal perceptions of aging are usually based on individual experiences and thus tend to be more positive than society's views.
 - Regardless of the direction our personal beliefs take, they do influence our social perceptions -- either modifying or intensifying our beliefs about people.

- When we think of an older individual whom we know personally, we draw on specific facts about that person.
 - When forming our beliefs about this particular older person, we modify our stereotypes, drawing on personal experiences, and rationalize that this specific older person is different from other older people.
 - During the rationalization process, our stereotypes of old age remain intact, while we view the behaviors and attitudes of one particular person as simply an exception to the rule.
 - Thus, the rationalization process allows us to hold contradictory views simultaneously.
 - For example, rationalization allows us to maintain the belief that "all older people are just alike" while maintaining the view that our older friend is a unique individual with a wealth of interests, experiences, and knowledge.
 - Our friend is seen as the exception, frequently expressed as "the exception who proves the rule."
2. Social perceptions or beliefs/attitudes are transmitted through our culture. These beliefs enable us to make broad, dramatic statements that describe the characteristics of an entire group. Such statements

are usually negative, filled with exaggeration or distortions of facts (stereotypes).

- For example: "All Italians are gangsters." We know this to be a false statement.
- What we may actually mean is that "We have read about people who are involved in organized crime and who also happen to be Italian." There was a time in this country when this stereotype was commonly held to be true. Through education, however, this myth has been fairly well laid to rest.
- This stereotype would have continued had people not had the opportunity to learn more about Italians.

C. Ageism

In 1974, Robert Butler, former director of the National Institute on Aging and author of Growing Old in America: Why Survive?, coined the term "ageism."

Ageism is a deep and profound prejudice against aging and older persons. To some extent, this condition exists in everyone.

1. Ageism, with all its accompanying stereotypes, can make it easier to ignore older persons and some of their special problems. A society often ignores specific social

problems that it feels ill-equipped to address.

2. Unfortunately, aging is viewed as a problem that requires a solution rather than as a normal stage of life.
3. Ageism will continue as long as people grow up with inaccurate perceptions of the aging process.
4. Society's myths are so ingrained that many older people are themselves biased against aging and the old.

II. HOW DO OUR OLD AGE STEREOTYPES DEVELOP?

As a society, we interact very little with older people. Age segregation limits our opportunities to learn about aging and older persons.

A. Overview

There is a widespread belief in America that the current isolation and problems of older persons are a result of industrialization and urbanization.

1. According to this myth, older people enjoyed a golden age during the preindustrial period. They lived in harmony with their family, they were encouraged to be produc-

tive well into their later years, and they enjoyed both power and security in their old age.

2. This myth contends that because of modernization, retirement systems, and the perceived obsolescence of certain occupations, older persons have experienced a loss of status and an increase in social isolation.
 3. The modernization myth also maintains that the demise of three-generation households has led to a loss of security for older people.
- In fact, there was somewhat less family care and support for older persons during the Colonial Period than is seen today. Aging parents could not take for granted the financial support of their children.
 - This is evidenced, in part, by the number of legal agreements made with sons who were to provide care and support to their parents in trade for the inheritance of land.

B. Age Segregation

The first experience most people have with age segregation occurs in the family. Today's families are smaller, with children usually closer in age than were children in the large families of the past.

Nuclear families -- consisting of only parents and their children -- have always been the trend. As young adult children leave the homes of their middle-aged parents to begin their own families, their children become even further removed from older relatives.

1. An important distinction between families today and those of the past is that formerly, although three generations usually did not live in the same house, the older family members did live near-by.
2. Today, the actual geographic distance between family units has increased. The result is that many young children have less contact with older people than in the past.

C. Age-Grading: Different Ages, Different Rules

A simple age-grading system divides people into the young, the grown-up, and the old, categories that closely follow the pattern of role development. People are classified, in effect, as pre-parental, parental, or post-parental. Some societies add another category: "adolescence."

1. Age-grading can be a powerful tool in shaping a person's life, because the rules of behavior often are quite different for the various age grades.

- For example, in some societies, children are indulged, but adolescents are expected to be serious and disciplined.
2. Societies often have different rules for adulthood and old age.
- In a nontraditional Western society, becoming an elder is often an improvement in status for a woman. An older woman enjoys more prestige and power than she did while she was young. She can delegate many of the tasks she dislikes to others.
 - However, in the same type of society, a man's prestige is more likely to reach its peak in early or middle adult life and then decline when he reaches old age.
3. Age-grading is an important means of distributing rights and responsibilities. It establishes guidelines as to who should fill which roles and it formalizes social obligations.
 4. Western societies are still characterized by the "achievement syndrome," which emphasizes activity, productivity, and a future time-orientation. The primary mechanism of achievement is one's occupation.
 5. According to one common myth, retirees have lost their roles as productive, independent people. They are commonly no longer seen

as contributing to society's goals. One common role available to retirees, leisure, is seen as socially immature and unimportant.

D. Cultural Values and Ageism

Society does not tolerate well what it fears -- poor health and dependency.

Attitudes toward poor health and dependency are important predictors of the esteem in which aging is held by a society.

Thus, old age, viewed by many as embodying these traits, becomes an object of fear and revulsion, something to be avoided at all costs.

Our negative perceptions of aging emanate from our cultural values and are fueled by the media's one-sided portrayal of later life. These portrayals reinforce our fears of aging as a time of socio-economic loss, poor health, loneliness, senility, and death.

1. Poor health can be a legitimate reason to escape obligations, but the sick role is acceptable only on a brief and temporary basis.
- Unfortunately, society tends to force older people into permanent sick roles. Then

society contradicts itself by criticizing older adults for assuming a "sick role."

- Inherent in this are two contradictory messages: a) We tell older people to be independent and not to be a "burden" on us, and b) we also tell them that because they are older, we expect them to be "sick."
2. Dependence is greatly despised in our society. We are socialized to believe that dependent people are inferior.
 - This attitude can be seen in the stigma attached to welfare and, occassionally, to unemployment benefits.
 3. Exaggeration of older persons' problems often produce a fear of aging among the young.
 4. Although death is inevitable for everyone, it is more of a reality for older people. While death cannot be avoided, life expectancy has increased substantially since 1900.
 - In fact, in 1980, the very old, those over age 85, died at lower rates than did babies.
 5. These attitudes are based on distorted information and affect our images of older persons, the aging process, and the self-image and behavior of older adults.

III. WHAT ARE THE CONSEQUENCES OF AGING STEREOTYPES?

"If old people show the same desires, the same feelings, and the same requirements as the young, the world looks upon them with disgust; in them love and jealousy seem revolting or absurd, sexuality repulsive and violence ludicrous."

(de Beauvoir, 1972: 3).

A. "Old" Is A Four-Letter Word

Since age is a socially discrediting stigma, being labeled old has definite negative effects on one's self-esteem and personal identity.

1. It is important to understand the impact society's stereotypes have on older people. Perhaps you remember the general debate over what to call people 65 and older -- senior citizens, senior adults, golden agers, mature adults, the elderly.
 - None of these names were acceptable to older people and none recognize aging as a process.
2. The problem of what to call older people appears at first to be a rather trivial issue which would have little impact on them as a group.

- However, this very need to have a clearly delineated category, along with the indecisiveness over what to label it, is another indication of the stigma of old age.
- 3. Old, like blindness or mental illness, is a master status trait and serves as a primary identifying characteristic for a person.
- Thus, you cannot be a person who happens to be old; you are an old person.
- The old person is also presumed to have all of the negative characteristics associated with aging.
- 4. It is almost impossible for most people to admit they will be or that they are old.
- Most people define "old" as ten to fifteen years beyond their present age.
- This seems to be true whether a person is 20 years old or 80 years old.

B. The Stigma of Being Old

1. The negative stigma of age adversely affects older persons in numerous ways -- socially, psychologically, and financially.
- Older adults are excluded from various groups and activities because of their age.

- This exclusion may make older people appear as though they are willingly disengaging from society, while, in fact, it is society that enforces a reduction in their social involvement.
- 2. This generalized reduction of social environment and social network produces anxiety for older persons.
- As this vicious circle continues, we see that the already-anxious older person becomes aware of carrying a stigma and then becomes increasingly fearful of entering new social situations.
- 3. Even among those who are less anxious, difficulties arise when new social settings are involved.
- For example, the anxiety involved in building a new network of friends after a long distance move to Florida, when combined with the death of a spouse, may serve to severely constrict the surviving spouse's social network, sometimes to the point of nonexistence.
- 4. Control of the aging process is our way of dealing with our fears of dependency and ill-health.
- Such exaggerated fears can force people to struggle relentlessly to remain young.

Irrational fears of aging may produce a form of denial and keep some people from planning for later life.

C. Self-fulfilling Prophecies

Stereotypes can become self-fulfilling prophecies for a sensitive, targeted group.

More specifically, stereotypes about old age can affect the behavior of older persons in many ways.

1. We develop and internalize our personal images of aging during our youth.
 - If, when we are young, we believe that older people are "different" from us, we will believe ourselves to be different and will act accordingly when we become old.
 - If we believe older people should have very narrow social roles, we will expect to have similar constraints when we are old.
2. When older people accept the view that a) they are less vital, productive, or creative than young people and b) that old age is a time to relinquish their roles, interests, and activities, they act in ways that prove the stereotypes correct.
3. Stereotypes that tell us older persons are not interested in their own sexuality and

that convince us of the strong link between youth and sexual attractiveness can contribute to a decline in levels of sexual activity among older persons.

4. A case in point is the manner in which stereotypes can color research.

- In 1966, Masters and Johnson found that, beginning between ages 50 and 55, male sexual performance declined significantly, a fact which they attributed primarily to psychological factors.
- A more accurate explanation of older persons' decrease in sexual activity stems from the death of long-time sexual partners.
- Today, we recognize that men retain both vitality and sexuality throughout the lifespan.

D. Impact of Age Stereotypes on Men and Women

It is not clear whether men or women are impacted more by old age stereotypes. However, it is clear they are impacted differently.

1. Traditionally, men were seen as more involved with their careers and their role as family provider.

2. After retirement, a man may no longer be able to identify with his career.
 - In this regard, retirement often eliminates his source of power and prestige, in his eyes and those of the world.
 - Retirement and its concomitant loss of role as family provider and protector also produces a loss of prestige and dominance within the family.
 - As men age, society increasingly views them as passive and submissive.
3. On the other hand, persuasive arguments exist which suggest that aging is more difficult for women. The loss of physical attractiveness, which has long been used to define a woman's worth, can be extremely demoralizing.
 - In Aging and Mental Health, Lewis and Butler describe women as "the neuters of our culture who have mysteriously metamorphosed from desirable young sex objects to mature, sexually interesting women, and finally, at about age 50, they descend in steady decline in sexual oblivion." (1972:227).
4. Older women generally are not considered to be sexually attractive in the way in older men are.

- Women who date younger men are often said to be "grasping for lost youth," while older men are expected to attract younger women.
 - Thus, because of society's attitudes and the higher proportion of women in the aging population, women have few sexual outlets or opportunities for remarriage.
5. However, older women's lives are not as bleak as this might suggest.
- They are now free from fertility, child-rearing, and marriages that may have hampered them in their youth.
 - At the same time, most older women tend to retain their long-held role as homemaker and thus rarely experience diminished role status.
6. Regardless of whether men or women are more adversely impacted by aging, both are affected to some extent.

IMAGES OF AGING

I. MYTHS AND STEREOTYPES

Some of the most common stereotypes tell us that older people are sick, debilitated, poor, lonely, useless, confused, institutionalized, grouchy, dull, and unhappy. Stereotypes tell us that older persons are sexually uninterested and uninteresting, impotent, and sterile. We are also told that the old are unable to learn new things, that they are uncooperative and nonproductive, and that all older people are alike.

A. Age

One of the most blatant stereotypes associated with aging is the linking of age "65" with such terms as "senior citizen," "retirement," or "seniors discount."

1. Given all the personal and physical changes that occur during an individual's lifetime, it is virtually impossible to have one definitive and magic number to indicate when all of us become "old."
2. Five kinds of ages should be kept in mind when considering the phenomenon known as old age.

- Chronological Age, the most common measure, indicates the time passed since birth.
 - Biological Age estimates to what extent the body has changed.
 - Psychological Age assesses the individual's ability to adapt to changing environments.
 - Functional Age more specifically measures the ability to function compared to others of the same chronological age.
 - Social Age describes the roles and social habits of an individual with respect to other members of a society.
3. Each measure has specific applications and each can be important in better understanding differences among older persons.

B. Health

Many myths focus on the health or physical condition of older persons. These stereotypes portray older persons as sick, frail, and debilitated, as people who should or almost always have to be institutionalized.

True, some people do suddenly get sick and decline. When such an event occurs early in life, however, it is called illness, not aging.

1. The health of all age groups, including the older population, is better today than it was in the past. Unfortunately, the perception that personal health has been vastly improved generally does not carry over to older persons.
2. Actuarial statistics show that people who live to a healthy advanced age are the offspring of long-lived parents and grandparents.
 - However, genes are only one factor in achieving a long and healthy life. Exercise, diet, and social and family life also have their impact.
 - Nevertheless, whether due to illness, disease, or physical changes, health can be a problem for many older persons.
3. Although, old is certainly not the equivalent of sick, older persons are more likely than younger persons to have one or more chronic conditions (i.e., arthritis, hypertension, coronary heart disease, and diabetes).
 - The nature and severity of chronic conditions vary greatly, however.
 - As a result, chronic conditions produce varying effects on an older person's activities of daily living (ADL).

4. Research consistently indicates that although more than 80 percent of persons 65 and older reported having at least one chronic condition, fewer than one in six (approximately 15 percent) felt they could no longer carry on their normal activities.
 - Only those no longer able to carry on the activities of daily living are referred to as the frail elderly.
5. The remaining 85 percent of all older persons are described as the well-elderly.
 - These older adults are able to carry on their daily routines despite the presence of one or more chronic conditions.
 - The well-elderly are able to do most of the things associated with normal living, including caring for themselves, living independently, traveling, studying, working, and volunteering.

C. Sex

The threat of aging to sexual performance and pleasure is more imagined than real. Studies show that most older people are either still involved in sexual activity or would welcome an opportunity for it.

1. When women reach their mid to late forties, they lose their reproductive capability.

And in the five to seven years preceeding menopause, a woman's fertility declines.

- However, this loss of fertility neither decreases women's sexuality nor their interest in sex.
 - On the contrary, women may show an increase in sexual activity when they no longer have the responsibility for birth control.
2. Normally, men do not completely lose their reproductive abilities unless a major medical problem directly affects the reproductive system.
 - Impotence is more closely associated with specific medical disorders and their treatment, for example, hypertension, than age.
 - Impotence is also more closely associated with psychological than physical dysfunction. It is a complaint more frequently made by middle aged men than by older men.
 3. The major change in human sexual response and performance directly associated with aging is the increase in arousal time.
 - The factors that produce the greatest changes are illness, the belief that old people should be asexual, boredom with one's partner, and the loss of one's partner.

- Overdrinking, overeating, and certain medications have greater impact on sexual interest and activity than does aging. But at any age, closeness, sensuality, and being valued as a man or as a woman are of prime importance.

D. Mental and Psychological Status

Another cluster of myths focuses on the mental and psychological functioning of older adults (i.e., that they are confused, dull, grouchy, unhappy, and unable to learn new things). Further, these myths tell us that all older people are forgetful and that all of us can expect to become senile.

1. Memory. The belief that all older people have poor memories is a myth.
- Aging has very little impact on the older person's ability to recall past events.
 - Although there is some evidence of weakening in short-term memory as we age, the greatest decline occurs in one's ability to recall information under pressure.
 - Forgetfulness, especially of recent events, is often due to illness such as high blood pressure, arteriosclerosis, drugs, alcohol, or depression. Older people also sometimes forget recent events because they are painful or meaningless.

- Overall, research suggests that diminished memory is more the result of illness or intellectual stagnation than the result of aging.
 - The best way to improve memory and the ability to learn is through use--continued activity and intellectual stimulation.
2. Intelligence and how it is affected by the aging process has been the subject of innumerable research studies. Most studies have found that serious decline in intelligence is often precipitated by severe health problems or decreased social stimulation, not by the aging process.
3. Learning. A common misconception about older adults is that they are unable to learn new things. Older persons can and do learn; moreover, the numbers of older adults participating in organized adult education programs grows annually.
- The fact that it takes many older adults longer than children to learn new material may be a reflection of different learning styles.
 - Adults, regardless of their age, normally require greater amounts of practice time to become proficient in new skills. An adult also must have reasons to learn new information or skills.

- Individual learners must be comfortable in the learning environment and must receive positive reinforcement, not punishment, if they err.
 - When adults are motivated to learn, they can be the most enthusiastic or perseverant students a teacher will encounter.
4. Creativity, according to Picasso, is limited only by talent, not by age. We find abundant examples of creative output by such people of advanced age as Picasso, Casals, Grandma Moses, Segovia, Mao Tse-Tung, Agatha Christie, Warren Berger, George Burns, Bob Hope, Helen Hayes, and Helen Keller.
 5. Boredom is not a common problem of older persons. In a recent National Council on Aging study, more than two-thirds of the older persons who responded indicated that boredom was not a problem.
 6. Loneliness occurs at all ages, but it can be especially hard on older people who have fewer resources to help them cope. Some people actually look forward to their later years as a time to "disengage." Others make retirement plans that provide the activity and involvement they require for self-fulfillment.
- Finding volunteer or paid work, participating in senior center activities, seeking

companionship through a community visitor service are some of the ways older persons cope with loneliness in later life.

7. Emotional Well-Being. Since stress tends to be cumulative, it can become severe in the face of multiple physical, social, and psychological problems.

- Depression can be a reaction to specific events, such as retirement, loss of a spouse, moving to a new residence, or loss of income.
- As a matter of fact, depression seems to be more treatable in older adults than in younger people.
- However, older persons, as a group, cope well with changes associated with the aging process.

II. HOW IS AGING PORTRAYED?

So far, we have looked at personal experiences and how these moderate societal perceptions. Society has numerous other mechanisms, however, through which our attitudes are shaped and transmitted.

A. Aging in Literature

1. Even in societies that venerate aging and older people, the literary treatment of these subjects often indicates great ambivalence. These literary portrayals frequently mix respect for aging with resentment and ridicule.
 2. Common themes dwell on the emptiness of old age, its uselessness, and the tragedy of growing old.
 3. In twentieth century literature, aging has rarely been a major theme. Since the middle 1950s, youth orientation has dominated literature. By 1955, children's books had almost completely lost their older characters.
- Today, characterizations of the elderly are on the increase, but they do not represent the true diversity that exists among older persons.
 - When older persons are characterized in children's literature, their roles are usually passive, unrealistically positive, and quite restrictive. Unlike the other characters in the story, older characters are often one-dimensional.
 - Several studies suggest that children as young as age three or four are sophisti-

cated enough to recognize that people who are "all good" simply do not exist. Still, the problem of unrealistic characterizations may be easier to remedy than invisibility of older characters.

B. Aging and Television

1. Until recently, television has portrayed aging and older persons with the same blend of one-dimensional pap as has been accorded them in modern children's literature.
2. Even in light of the blandness and one-dimensionality of most television characters, older persons were among the least visible both in terms of topic and roles.
 - Television's common characterizations of older persons were and continue to be humorous. (e.g., Johnny Carson's Aunt Blabby).
 - Many other characters are idealized (e.g., Grandpa Walton and Dr. Craig, on St. Elsewhere).
3. Although television representations of aging and older adults are still stereotyped exaggerations and still suffer from the larger-than-life syndrome affecting most television characters, at least aging

and older persons have now become more respectable subjects.

4. Until the mid-1980s, broadcast marketing emphasized primarily stereotypical models of older adults.
- When older consumers were the targeted market, products were primarily laxatives, vitamin supplements, and term life insurance.
 - Now, as the proportion of older and middle-aged persons grows, the marketing industry increasingly acknowledges the importance of these consumer groups.
 - As a result, a greater number of older actors now market everything from detergent, to automobiles, to family vacations.

C. News Reporting

News reporting has done much to portray older persons as victims.

1. The issues and news events that command the most attention are those considered to be newsworthy.
- Although news stories tend to be about the problems of only a small number of older

persons, they create the impression that far more older persons are affected.

2. Unfortunately, a commonplace or positive event is usually not considered newsworthy.

D. Aging and Humor

Humor is another medium of cultural communication.

1. Several recent studies analyzing humor about aging have found that 56 percent of jokes were negative, while only 27 percent were positive.
2. A review of humorous birthday cards will display many of our cultural values. These often focus on the sadness each birthday brings, the sympathy this generates, the need to lie about our passing years.

III. AGING TODAY

The face of aging has changed dramatically over the past twenty-five years. Gerontologists are now researching and documenting unprecedented trends that characterize older people as vigorous, contributing members of society and later life as a time of purpose and fulfillment.

A. Demographics (Population Trends)

1. Since 1900, the number of older people in the United States has increased more than nine-fold -- from 3.1 million in 1900 to approximately 28.7 million in 1985.
 - In 1900, older adults comprised 4.1 percent of the population; in 1985, older persons made up 12 percent of the U.S. population.
 - If current fertility and immigration levels remain stable, demographers project that by 2000 people 65 years of age or older will comprise 13.0 percent of the U.S. population. By 2030, this percentage will climb to 21.2 percent and include 65 million people.
 - The baby boom of the 1950s will be a "gerontological" boom beginning in 2010.
2. However, this greying of America has not occurred simply because people are living longer. Rather, the number of people who reach "old age" has increased. The greatest increase in life expectancy has occurred in infancy and childhood.
3. In 1900, life expectancy at birth was 47 years; in 1985, life expectancy at birth was 74.7 years.
 - This change represents an increase of 24 years in life expectancy at birth.

- Between 1900 and 1985, there has been, on average, a five year increase in life expectancy for people age 65. Thus, people reaching age 65 in 1985 had an average life expectancy of **an additional 16.8 years** (18.6 years for women and 14.6 years for men).

B. Living Environments

In 1985, less than 5 percent of all persons 65 and older lived in nursing homes. The percentage of older persons living in nursing homes has not changed significantly in the past 30 years.

1. Many gerontologists acknowledge that only one-quarter of all nursing home residents actually require skilled nursing homes and care.
2. If real alternatives in supportive living environments existed, many of the remaining nursing home residents would opt for a more independent living environment.

C. Physical Fitness

Physical fitness is not just for the young. The mere lack of exercise almost certainly accounts for a great many of the changes commonly blamed on the aging process.

1. Several recent studies suggest that through a program of moderate exercise older persons can improve their response times as much as younger adults can.
- After a one-year exercise program, the response times of men 70 years of age and older showed no significant difference from those of men 40 years of age or younger.
2. These studies also found that the benefits obtained from exercise in later life did not depend entirely on having exercised earlier.

D. Financial Resources

1. Older persons are not "poverty stricken" as a group. The poverty rate for people 65 and older was 12.6 percent in 1985. This is lower than the 14.1 percent poverty rate for people under 65.
- About one of every six (17 percent) of families headed by persons 65 and older had incomes of \$ 10,000, and 35 percent had incomes of \$ 25,000 or more.
2. Older people living alone or with non-relatives were more likely to be among the poor and near-poor.

E. Life Enrichment and Purpose

1. Lifelong learning. The numbers of older adults participating in organized adult education programs grows annually.
 - In 1986, adult educational programs specifically targeted at older adults grew faster than other segments of organized adult learning programs.
 - Older people participate in personal learning through a variety of organizations to achieve a variety of different goals ranging from self-development, to training for second careers, to socialization opportunities.
2. Political influence and advocacy. As the sheer number of older people increases, the potential for political influence becomes greater.
 - As a group, older people vote more frequently than do members of younger age cohorts.
3. Second careers. With the prevalence of higher levels of education among older people -- along with their increased physical and psychological well-being -- opportunities for second careers abound.
 - Today, increasing numbers of older adults are opting for second careers.

- Second careers often allow the expansion of talents and interests not used in earlier occupations.
- The existence of greater financial resources enables older people to launch new business ventures.
- 4. Intergenerational contribution. The increasing participation of older people in the social mainstream such as occurs in school volunteer programs (e.g. ATAFE) is a vital source of life enrichment for all age groups.
- Generations working together (people assisting one another no matter what the age) allows multidirectional, reciprocal assistance and sharing that improves the quality of life and promotes a sense of purpose and fulfillment for all involved.
- Increasing intergenerational exchanges help reconcile the superficial and destructive gaps that have formed between age groups, by emphasizing the similarities of the human condition at any age.

CONCLUSIONS

The abundance of negative aging stereotypes will impact the older person today and in the future. Negative attitudes toward aging stem from multiple sources and evolve from our exaggerated fears about the impact aging will have on our lives.

Negative stereotypes force older persons to withdraw from embarrassing social settings where they feel discredited. Stereotypes also tend to become self-fulfilling prophecies, as in the myth of the "sexless older years" (Ward, 1979:171).

Aging is beginning to be accepted in a more positive light and, with better education, these perceptions can only improve. We can change our views of aging and the views of others by seeking out correct information and by rejecting stereotypical versions. Until aging is understood and accepted, it will remain a difficult, unpleasant event in our lives.

- Most older people have sufficient resources to maintain their chosen lifestyles.
- Most older people live healthy, independent lives.

FACILITATOR GUIDE: IMAGES OF AGING

OBJECTIVES

At the completion of this module, students will be able to:

1. Identify five common myths and stereotypes of aging.
2. Demonstrate an understanding of how children's perceptions of aging will affect when they are older.
3. Recognize the impact educator attitudes toward aging have on the curriculum.
4. Demonstrate an understanding of how negative perceptions of aging affect older people and educational curricula.

TIME REQUIRED

The basic module, the ATAFE film "Images," and a 15 minute discussion session requires 2.0 instructional hours. The total amount of instructional time required for Module II varies with the number of audio-visual resources utilized, class size, and the length of discussion.

ADDITIONAL READINGS

- Blau, Z. S. Old age in a changing society. New York: Franklin Watts, 1982.
- Butler, R. Ageism. Journal of Social Issues, 1980, 36(2), 8-11.
- Demas, V., & Jache, A. When you care enough: An analysis of attitudes toward aging in humorous birthday cards. Gerontologist, 1981, 21(2), 209-215.
- Nuessel, F.H. The language of ageism. Gerontologist, 1982, 22(3), 273-76.
- Page, S.; Olivas, R; Driver, J.; & Driver, R. Childrens' attitudes toward the elderly and aging. Educational Gerontology, 7(1), 1981, 43-47.
- Serock, K.; Seefeldt, C.; Jaritz, R. K.; and Galper, A. As children see old folks. Today's Education, 1977, March-April, 70-73.

AUDIO-VISUAL RESOURCES (Appendix A: descriptions/ordering information.)

Growing Up -- Growing Older Series: To Find A Friend. (16mm)

Images (ATAFE). (1/2 inch VHS)

Take A Stand. (16mm; Video Cassette)

You and Your Aging Parents. (3/4" videocassette only)

INSTRUCTIONAL MATERIALS (Included in Appendix B.)

Communicating with Older Persons: Beliefs About Aging (Quiz/Attitudes/Key)

Opinions About People (Quiz/Attitudes/Key)

As Children See Old Folks (Reprint)

Games/Simulations

"When I Am Old" (Elementary/Middle School)

"Everybody Knows" (High School/Adult)

INTERGENERATIONAL COMMUNICATION SKILLS

MODULE III

INTERGENERATIONAL COMMUNICATION SKILLS

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INTERGENERATIONAL COMMUNICATION SKILLS

BUILDING COMMUNICATION SKILLS

Communicating with other age groups -- whether older or younger -- involves first, the knowledge and mastery of basic verbal and nonverbal skills required in any successful communicating and second, through the development of positive attitudes, a willingness to empathize and identify with that part of the individual that transcends age-level. Positive attitude and technical skill reinforce each other and must be explored simultaneously in achieving genuine, effective intergenerational communications.

I. BUILDING SELF-AWARENESS SKILLS

A. Social and Educational Background

1. Preparing a mini-vita can be a helpful exercise in drawing up a biographical portrait.
2. Some reflection on important areas of subjective life experience (emotional highlights) will help fill out objective facts.

B. Personal Beliefs

Exploring our values, ethical standards, and social beliefs (beliefs established through

family and religious traditions, formal education, and life experience) will provide a key to the way we behave and communicate.

1. We all have personal biases and prejudices that color the way we communicate and the substance of what we are saying.
2. Tracing the origin of our feelings and beliefs may not necessarily rid us of prejudices but may help us see how they skew our thinking.
3. Once we understand why we hold certain values and beliefs, we are freer to accept other points of view as valid.
4. In an intergenerational context, we may find that we maintain stereotyped beliefs about certain age groups mostly due to our lack of contact with them.

C. Motivations

Understanding our motivations in all areas of experience is an important but difficult part of understanding and modifying the way we communicate.

1. General motivators, which are usually based on our value system, include money, power, positive regard, altruism, love, hate, fear, respect, and duty.

2. Fear of illness and death are important motivators in the way we relate to older people and our own aging.
3. On the positive side, we seek situations and outcomes that enhance our sense of personal comfort and well-being:
 - We want to be liked.
 - We want to feel good about ourselves.
 - We want to do our work well.
 - We want to "fit" into our environment.
4. On the negative side, we seek to avoid:
 - Embarrassing situations.
 - Being the target of a joke or gossip.
 - Being asked questions we cannot answer.
 - Being put on the spot by a friend.

D. Life Experiences

Unique life experiences, such as periods of travel, illness, special privileges or obstacles, successes and failures, help form the values that affect our behavior and the way we communicate.

II. UNDERSTANDING MESSAGES

A message can be used to communicate numerous things. The most prominent of these are a) information, b) ideas, and c) feelings.

A. Verbalization

The content of a message should be the focal point of the communication. As such, it must be shaped, selected, and placed appropriately and effectively within the communication picture.

1. Staying within the context.

- Inappropriate or ill-timed feedback can impede or even stop communication.
- Changing the subject requires timing, transitional verbal signals, and logic that moves the attention naturally from one subject to the next.

2. Keeping the listener's attention.

- Topics that relate directly to the listener command the greatest attention.
- Intimate, lengthy, mundane details about experiences or matters not directly related to the listener can be embarrassing, boring, or offensive.

- Knowledge and understanding of the listener's interests and values are essential in selecting the kind of messages that lead to successful communication.
 - Communicating with other age groups requires a willingness and openness to discuss topics that may not directly relate to one's own lifestyle or life experiences.
3. Make the message clear and understandable.
- Use precise language.
 - Keep to the main point, adding only relevant subpoints.
4. Use effective vocabulary.
- Vocabulary is the foundation of intelligible speech, and our grasp of vocabularies, as related to required disciplines and areas of knowledge, will to a great extent determine the success of our communication.
 - Use language familiar to the listener's experience (vocabulary).
 - From an intergenerational perspective, vocabularies sometimes vary among age groups, requiring the sharing of alternate or new definitions and a willingness to expand one's present store of words.

- Defining one's own terms clearly or asking for clear definitions is a normal and expected part of communication.

5. Convey direct messages.

- Manipulations, hidden agendas, and ploys will eventually erode the level of trust needed for open communication.
 - Avoid contradictions in messages (i.e., mixed signals).
6. Be sure that your public communications are appropriate for general knowledge.
- Confidences must be identified as such and shared with caution.

B. Use of the Voice

The way we send out a message, or how we use our vocal apparatus, becomes an intrinsic part of the meaning of the message and a major factor in how it will be received.

1. Tone of voice derives from the combination of inflection, volume, and pitch and conveys the emotional and attitudinal content of a message.
- Attitude and emotion conveyed by the tone of voice may supersede or even contradict the literal meaning of the words spoken.

- For example:

The statement, "What a lovely dress" will convey different meanings according to the tone in which it is delivered (e.g., sarcastic, indifferent, incredulous, admiring, approving, or disapproving).

2. Tone of voice also relates to the context of the situation or the character of the relationship in which the messages are delivered.

- Tones of confidentiality, authority, concern, suspicion, and tenderness all define the dynamic, character, role, and interplay of persons giving and receiving messages.

3. Vocal quality, which includes volume, pitch, and pace, as well as tone, will determine the effectiveness of a message.

- Speaking too quickly, inaudibly, or in a monotonous, harsh, or grating voice will undermine the delivery of a message and impair its clarity and meaning.

- Identifying and improving one's vocal problems through training workshops and classes, positive criticism solicited from other professionals, or self-observation using a tape recorder will greatly enhance one's communication skills.

C. Nonverbal Communication

Body language, or nonverbal communication, is as vital a component of communication as the words we speak or the way we speak them.

1. Eye contact is a cultural norm that establishes the fact of connectedness between the speaker and the listener.
 - The speaker's gaze says, "I acknowledge you and I send this message especially to you."
 - The listener's returned gaze says, "I acknowledge you giving me this message, I am listening to your words, and I am interested in what you have to say."
 - Generally, the most effective eye contact occurs when both people are at the same speaking level (i.e., it is preferable to address a seated individual from a seated position than from a standing position).
2. Gesture and facial expression form a natural part of our nonverbal message.
 - To some extent, according to culturally learned patterns, we expect a degree of expressive involvement of arms, hands, and face.
 - However, when we communicate with someone who employs no facial or body cues or uses

gestures incongruent with the apparent meaning of the spoken message, we feel uneasy and sense: a) a lack of interest, b) a lack of sincerity, or c) some other disturbance.

- Lack of expression can arise from tension or fear related to attitudes about persons and events, which constricts our breathing and prevents spontaneous, appropriate body movement.
- 3. Posture and position send out subtle cues about the roles and attitudes of those communicating and about the context of the communication.
- A body held upright or at attention is associated with emergencies or other events of interest, importance, and involvement; a relaxed pose might indicate a more casual exchange or a lack of interest.
- The distance we stand from one another often helps define the context and tone of a message -- closeness could suggest intimacy or confidences and distance might suggest fear or caution.
- Talking to someone who is walking at your side has a different impact and meaning from face-to-face communication; speaking to a seated person while one is standing gives one a suggested "position" of authority or power.

D. Improving Body Language

Improving body language can help us achieve more effective, positive communication with people of any age group.

1. Postural attitudes and expressive gestures, the silent part of communicating, usually reflect, consciously or unconsciously, our inner values and attitudes.
 - We often unknowingly convey negative attitudes that undermine the overriding intentions of interpersonal exchange.
2. Improved body language is an outcome of improved (more positive) attitude and an understanding and control of the way the body expresses itself.
 - An awareness of our values helps create an inner stance of openness, flexibility, and positive regard.
 - An understanding and receptivity to the values and needs of other age groups will naturally be reflected nonverbally, creating more open and effective communication.
3. Gaining an awareness and control of the way we express ourselves nonverbally can help temper the effect of conflicting values and attitudes, as well as enhance positive exchange.

- Relaxation, which may be achieved partially through deep breathing and special exercises for concentration, is an important step in attaining the control and ease necessary for appropriate nonverbal expression.
- Positive attitudes are both the cause and result of relaxed and composed body language.

III. USING SENSORY TOOLS

The atmospheres created by sensory stimuli influence the way we receive and send messages. Sights, sounds, sensations of touch and smell, all intermingle with the experience of communication as enhancement or interference.

A. Touch

A primary way to make contact with others is through touch -- actual physical contact. The messages sent through this medium will powerfully reinforce other verbal and nonverbal expression or otherwise unvoiced attitudes and values.

1. The use and effectiveness of touch within the communication dynamic is largely determined by culturally established norms.

- Americans are generally less comfortable or familiar with touch in everyday, nonpersonal forms of communication than are people of other cultures.
- In spite of cultural norms, touch, if used with sincerity and forethought, will be accepted and welcomed as expression of caring and good will.
- 2. In some situations, touch becomes the best, if not the only, means of communication.
- In highly charged emotional situations where speech is inadequate, contact through touch becomes a necessity.
- In cases where other sensory capabilities are diminished, such as occurs with the vision- and hearing-impaired or in altered environments, touch has great compensatory value.
- 3. Touch communicates values, qualities, and feelings in ways that no other approach can.
- Universally, instinctively, and across all cultures and age groups we all respond to gestures of touch that communicate love, caring, support and understanding, friendship, fear, confusion, and cries for help.
- Touch is an effective tool in relating to other age groups where contrasting values,

vocabularies, and modes of expression may impede other more common methods of communication.

B. Hearing

1. Hearing acuity must be at a normal level for the basics of conversation to proceed.
 - Hearing loss, sometimes a factor for older people, bears a social stigma that must be overcome in the pursuit of maintaining adequate acuity levels.
 - Lip-reading techniques and hearing prosthetics offer substantial compensation for hearing impairment.
2. The effects of hearing impairment can be significantly reduced when the speaker remembers the following:
 - Avoid high, screechy vocal tones.
 - Avoid shouting at the listener.
 - Face the listener and speak slowly.
 - Shape words carefully.

C. Sensory Environments

Sensory stimulation impinges, sometimes subliminally, on the flow of verbal and nonverbal messages.

1. Sounds in the environment can enhance or disturb normal communications.
 - Loud or irritating noises can distract or even drown out verbal interplay.
 - Pleasant sounds of nature or appropriate music can promote a relaxed, receptive atmosphere.
2. Proper illumination will determine the effectiveness of nonverbal cues, particularly eye contact and facial expression.
3. Extreme air temperatures and unusual odors could make the difference between relaxed, open communication and the distraction of discomfort.

DYNAMICS OF COMMUNICATION

I. EFFECTIVE LISTENING/PARTICIPATION

Listening is at least 50 percent of a conversation. But most of us understand very little about the process of listening and how it effects the quality of communication. From an intergenerational perspective, good listening skills become an indispensable tool in establishing empathy between age groups.

Awareness and improvement of the basic components of listening are a natural foundation to improving the listening process itself.

It is useful to break the process of listening down into distinct phases that can be examined and improved.

A. Physical and Mental Preparation

1. Physical readiness involves assuming a position and place that will accommodate sustained concentration and response.
2. Mental readiness refers to multiple levels of preparation including:
 - Interest and knowledge of the subject.

- Openness and positive regard toward the person to whom one is speaking.
- Awareness of one's own values and attitudes as they may or may not align with those of the person to whom one is speaking.
- 3. An ear for language implies a readiness or ability to tune in to different communication styles and the many varieties of emphasis and syntactical expression found among all age groups and cultural units.

B. Transition from Speaking to Listening

1. Make a complete shift.
 - Do not remain focused on what you have just said.
 - Do not begin forming answers or rebuttals while the other person is speaking.
2. Use empathy while listening.
 - Try temporarily to adopt the suppositions of the other person's point of view and experience.
 - Look for lines of logic and coherence consistent within the other person's framework of values and experiences.

- Try to find points of identification (similarities) between yourself and the speaker.
- In a multigenerational context, empathic listening can be a great help in overcoming age differences.

C. Active Listening

Active listening implies a degree of involvement in the conversation that necessitates response.

1. One-pointed concentration is required to select and focus on specifics to be addressed in your response.
 - Simultaneously listening while selecting points for your response is substantially different from preparing an automatic response.
 - Use points and words the speaker has used in formulating your response.
2. Receptivity is a prerequisite to active listening.
 - An open stance allows spontaneous, sincere, and active nonverbal response in the involvement of body language and gesture.
3. Withholding evaluation.

- Snap judgments and evaluations are best avoided by maintaining a neutral emotional state.
- Be aware of emotional sore spots that may be triggered by the speaker's language, attitudes, or points of view.
- Self-awareness will help us maintain a position of objective detachment.

II. COMMUNICATION IN PROGRESS

The process of communication requires a certain mastery of the skills described earlier and a grasp of the techniques of give-and-take, which lead to improved levels of meaning and understanding among people of all ages. The key to successful intergenerational communication is the willingness and ability to define and focus on similarities of need and intent, regardless of age, through empathy and affirmation.

A. Supportive Statements

Reinforcement through appropriate supportive statements accomplishes an important function and sets the stage for continued exchange.

1. Affirm that the speaker's message has been received.

2. Require three separate steps:
 - Intently listening to what the speaker is saying.
 - Empathizing with the speaker's feelings.
 - Phrasing a reply that affirms the speaker's right to those feelings (Verderber & Verderber, 1977).
3. Are nonjudgmental because they do not evaluate the content or accuracy of the statement.
 - Often the speaker is looking first for emotional connection and approval rather than an exchange of ideas and thoughts.
4. Help diffuse tension, anger, or shyness, thus enabling the speaker to move on to more accurate or precise levels of communication.
 - In intergenerational communicating, success at this first stage can determine the tone of the entire relationship.
5. Draw heavily on empathic skills that require imagining ourselves in the circumstances of the speaker. Use such phrases as:
 - "You have good reason to be upset."

- "I know I'd feel as you do if that happened to me."
- "You sound angry (confused, frightened, unhappy). That's understandable. What happened?"

B. Questioning

This technique is used a) to acquire additional information from the speaker and b) to control and shape the direction and tone of the conversation.

1. Request for clarification is a normal and expected part of any conversation.
 - Important information may be missed because of mispronunciations, distractions for the listener, or interfering noise.
 - The listener may want to verify intended meanings of words.
2. Questions focusing on one aspect of the speaker's message will move the conversation in a particular direction and help control its tone.
 - Without proper focusing, a conversation can stray from its main course and lose its meaning and purpose.

- A positive, detached style of questioning will help prevent the conversation from taking on a negative, overly emotional tone.
- 3. Awareness of one's motivations will make for more successful questioning.
- Questions will be clearer and to the point.
- Questions will be perceived as positive, sincere, and nonjudgmental.

E. Evaluation

Evaluation precedes feedback. It is the process of forming a value judgment on what has been said or done. In this regard, it must be carried out with self-knowledge, self-control, and an awareness and respect for multiple points of view.

1. Clarification may be required before one can establish understanding and arrive at a point of view or opinion.
- Rephrase the speaker's message into one's own words to verify that one has understood the meaning of the message.
 - Ask the speaker for illustrative examples or more specific descriptions.

2. Awareness of one's own values and motivations must be kept in mind.
3. Interpretation and forming the alternative are a natural part of arriving at an evaluation.
4. Be sure the context allows for evaluation to be given.

C. Feedback

Personal style determines success or failure in giving feedback.

1. Determining the receptivity of the person to receive the feedback.
 - Consider the context of the situation and the speaker's emotional state and values.
 - Consider the requirements and expectations of the formal and informal relationships involved.
 - Observe the body language of the speaker for signs of anticipated response.
2. Being aware of the timing of one's response.
 - The appropriate moment can make the difference between success and failure.

- When the speaker sends out unclear or ambivalent signals, ask outright if feedback is desired.
3. Asking for feedback.
- Helps the listener know what approach to take in responding.
 - Should be done sincerely (i.e., be ready and open to hear contrasting points of view).
 - Should indicate the specific areas where feedback is desired.
4. Emphasizing positive feedback.
- Precede negative or contrasting points of view with statements on common points of agreement.
 - Use positive language and phrasing when possible.
 - Avoid negatively charged words.
 - Define one's own limitations (i.e., in one's ability to understand or relate to the speaker's message).
5. Providing specific responses.
- Describe exactly what was wrong or right with a specific event or message.

6. Providing feedback as soon as possible.
 - Helps maintain the clarity and intention of the communication.
 - Saves reviewing and recreating the communication, which becomes necessary after a lapse of time.
 - Helps avoid unnecessary misunderstandings.
7. Directing feedback only toward behaviors or events that can be improved or corrected.
 - Pointing out obvious or insurmountable problems can frustrate or insult the listener.
8. Being descriptive rather than evaluative or judgmental.

SUMMARY

Successful intergenerational communication draws on the same skills and techniques needed when we communicate with people our own age. Even more important than technical skills, however, are the attitudes we hold toward those with whom we are communicating. Attitudes convey powerful, unspoken messages that color the way a communication is sent out and received. Positive attitudes -- based on correct information, self-knowledge, openness, and empathy -- are the context for effective communicating.

Thus, age-stereotyping and the negative attitudes it generates, whether toward the young or old, must be addressed and overcome. The more we are guided by a natural and common sense approach of relating to the person rather than to the person's age, the more successful and rewarding our communications will be.

FACILITATOR GUIDE: INTERGENERATIONAL COMMUNICATION SKILLS

OBJECTIVES

At the completion of this module, students will be able to:

1. Demonstrate greater understanding of intergenerational communication.
2. Prepare students to work with an older volunteer.
3. More effectively communicate with both older volunteers and students in the classroom.

TIME REQUIRED

The basic module, the ATAFE film "Generations Together," and a 15 minute discussion session requires 1.5 instructional hours. The total amount of instructional time required for Module III varies with the number of audio-visual resources utilized, the class size, and the length of any discussion.

ADDITIONAL READINGS

Nuessel, F.H. The language of ageism. Gerontologist, 1982, 22(3), 273-76.

Truth about aging: Guidelines for accurate communications. Washington, D.C.: American Association of Retired Persons. Publication # PF 1281 (1184), 1984.

Verderber L. S., & Verderber, R.F. Interact: Using interpersonal communication skills. Belmont, CA: Wadsworth, 1977.

AUDIO-VISUAL RESOURCES (Appendix A: descriptions/ordering information.)

Generations Together (ATAFE) (1/2 inch VHS)

Growing Up -- Growing Older Series: To Find A Friend. (16mm)

Growing Up -- Growing Older Series: The Gift of Time. (16mm)

Images (ATAFE). (1/2 inch VHS)

Water From Another Time. (16mm; Video Cassette)

INSTRUCTIONAL MATERIALS (Included in Appendix B.)

Communicating with Older Persons: Beliefs About Aging (Quiz/Attitudes/Key)

Opinions About People (Quiz/Attitudes/Key)

Games/Simulations

"When I Am Old" (Elementary/Middle School)

"Everybody Knows" (High School/Adult)

TEACHING ABOUT AGING

MODULE IV

TEACHING ABOUT AGING

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TEACHING ABOUT AGING

SETTING THE STAGE

Since there is little doubt that the negative images people have about aging are detrimental to everyone, the next task must be to decide how corrective action can be taken.

I. ROLE OF EDUCATION IN AGING

A. Assumptions

1. We must assume that perspectives of and more positive attitudes toward aging can be taught, provided the concepts are presented using terms appropriate for a particular age group.
2. Although society and state legislatures have placed heavy responsibilities on schools, we believe that positive attitudes toward aging are so basic to our individual and collective well-being that it is reasonable to include aging education. Even at a time when teachers are returning to basics, it is possible to integrate perspectives on aging into the curriculum with a minimum of difficulty.

3. To acknowledge that the aging process is **inevitable** is **not** to say that aging is generally understood. Nor does acknowledging that we all age mean we have no need to learn about it.

- On the contrary, because aging is a normal process, collectively, we should learn as much as possible about it, **not to determine whether we age but how well we age.**

B. Place to Begin Learning About Aging

1. Schools say that they are already having difficulty meeting legislated educational requirements. Teachers question whether they have time to teach the basics, never mind enrichment.
2. You might suggest that other organizations -- the church, the media, community groups, or the family -- would be more appropriate to teach about aging.
3. One reason this task should not be left to these groups, however, is that they can expect to reach only a small minority of youth and the scope of their contact is far more limited than that of schools.
4. Another reason is the classroom offers a controlled environment in which learning behavior is already established.

5. In fact, in another sense, schools are already teaching about aging.

- The schools represent a model of age-grading, defining as they do role expectations for students in keeping with their age.
- School is often the first place students learn the prerogatives and responsibilities associated with age.

For example:

High School seniors are often allowed to bring cars to campus while juniors and sophomores are not.

To become members of the safety patrol, children in elementary school must be at a specific grade level or higher.

Participation in sports is divided, based on the participants' ages/age group.

6. Perspectives on aging are found in a wide array of subjects.
- Literature presents us with many models of aging.
 - Age is repeatedly addressed in history, from the child labor laws precipitated by the industrial revolution to passage of the

Social Security Act and its various amendments.

7. By age five, children have already developed highly negative attitudes toward aging and older people.

C. Why Not a Separate Course on Aging?

1. A separate course on aging only serves to foster the belief that aging is and should remain segregated from the main part of life.
- Aging is no more an isolated social event than it is a single physical event.
2. The separate course approach to teaching/learning about aging can promote a situation in which different information on the same issue is presented in different classes. Some of the information may be biased or even inaccurate until all teachers have an opportunity to acquire accurate information on aging.
3. By casting aging into a structured course format, it becomes another body of information that may or may not be perceived as useful by students.
4. If the "aging" course is not required until high school, the probability of direct impact on the students' attitudes is reduced.

D. Advantages of An Age-Integrated Curriculum

Imaginative teachers can create new awareness among their students as well as change their attitudes -- even ones as basic as those toward aging.

1. Integrating aging into the curriculum seems to be the most appropriate approach if students are to develop a greater awareness of and more positive attitudes toward aging.
- The integration of aging into the curriculum relies on creative teachers who possess accurate information on aging and older adults.
2. Integrating aging into the present curriculum relieves the pressure for faculty and students of fitting another course into the curriculum.
3. Integrating aging enables us to utilize traditional academic subjects to create an awareness of aging.
- Math. Population growth can be used as an example of compound interest. Fractions and percentages can be taught using examples from the "Silver Pages" discount programs for seniors.
- Geography. The changing character of America can be discussed in terms of the scope of internal migration to the Sunbelt.

- Literature Commonly required books, such as Hemingway's The Old Man and the Sea and Pearl Buck's The Good Earth, present different views of aging.

II. ROLE OF EDUCATORS

The stereotype that old age is a miserable state is guaranteed to poison us throughout our lives. We need more positive views of aging if we are to avoid the fears that haunt many of us. For this to occur, we must change our own attitudes toward aging and help others to change theirs.

A. Communicating Attitudes

1. There are two perspectives to almost every school's philosophy. One predictably addresses academic excellence, subject mastery, and getting into college or a job. The second, affective education, deals with the more humane aspects of learning -- values, feelings, personal growth, and happiness. In this way we as educators remind the public that our responsibilities to our students go far deeper than simply helping them develop skills at the cognitive level.
2. When we address values and feelings, many teachers rely on the hidden curriculum --

the affective dimension of education, which has more relevance today than ever before.

3. Schools are becoming increasingly involved in the value and attitude formation process because of social and economic changes affecting the family.
- Today, children spend far less time with their families.
- More children grow up in single parent households and the demands of single parenting are great.
- Fewer children have the opportunity to interact with older family members.
4. It is essential that as educators we guard against children's negative perceptions of aging which may become self-fulfilling prophecies.
- If we believe children become what they perceive, we should carefully consider what we are teaching our children about aging.

B. Changing Attitudes

1. Postponing learning about aging allows the development of attitudes based on stereotypes rather than accurate information.

2. As we all know, undoing negative attitudes is far more difficult than promoting the development of positive attitudes, especially in young children. Adults' perceptions of aging are more difficult to alter because their beliefs are more entrenched than those of children.
3. Based on our rationale, the task of making significant impact on young people's views of aging, to a great extent, must be accomplished through their teachers.
4. Teachers have the capacity and the capability to help their students develop more realistic views of aging through the existing curriculum.

INTEGRATING AGING INTO THE CURRICULUM

I. REVIEW

A. Introducing Views of Aging

We have already examined some of the difficulties associated with a separate course or unit on aging, but a review may be helpful.

1. Students receive mixed messages about the "separateness" of aging.
2. A separate unit or course on aging is usually delayed until students are in high school -- a time when undoing negative attitudes is more difficult.
3. The amount of visibility produced through the single-unit/single-course approach is limited.
4. A separate-course approach may generate biased or inaccurate information until more teachers have an opportunity to acquire accurate information on aging.
5. By casting aging into a structured-course format, it becomes another body of information that may or may not be perceived as useful by students.

6. An age-integrated approach is more time- and cost-effective. It eliminates the need for separate classes.

B. Making Aging Visible

Because aging traditionally has not been visible in the classroom, children's negative perceptions have been allowed free rein.

Research tells us that if we are going to alter these perceptions, our approach should include increasing knowledge about aging and increasing interaction with older persons. Thus, aging must become a common and visible aspect of daily learning if students are to develop more realistic views of aging.

1. Aging is an **integrated process** in our lives, and in order to convey this idea, aging must become visible in a broad range of subjects.
 2. When a small amount of information on aging is incorporated into the language of other subjects, there is more time for assimilation and understanding.
- The result is the development of the more positive images of aging necessary to produce more positive attitudes.
 - The approach of introducing aging into the language of various subjects is of major

importance in making aging visible, especially at the elementary level.

3. Creating a realistic perspective on aging does not first require the acquisition of specific developmental skills.
- Even very young children understand aging if the terminology used is appropriate for that age group.
4. It must be remembered that learning facts about aging, per se, is not generally the **primary** instructional objective.
- Rather, aging perspectives are integrated into a broad range of other subjects, which allows us to subtly communicate "**aging information**" while specifically teaching another subject.
5. If visibility is initiated at primary or preschool levels, the **learning-plus-contact** approach has the greatest impact on attitudes toward aging.

C. Dealing with Misinformation

We have seen that information on and attitudes toward aging and older persons permeate society and are learned subtly in many ways: through the family, from friends, through the media's

portrayal of older people, through books, and by observing how others interact with and respond to older people.

1. Information thus learned may be biased and may well be inaccurate.
2. As with many situations, such misinformation can provide an ideal opportunity and context -- the teachable moment -- to address some of the issues relative to aging.
3. The integrated approach allows misinformation to be addressed gradually.

II. METHODS AND TECHNIQUES AT THE ELEMENTARY LEVEL

Obviously, teaching about aging and older persons can be the primary objective of a lesson. However, the purpose of this section is to address **integrating aging into the present curriculum** and to consider some of the approaches that can enhance the visibility of aging and older persons as well as to promote the development of more positive attitudes.

A major consideration in selecting a method or technique is the age and level of sophistication of the students as well as past aging education experiences.

A. Early Elementary and Elementary School Levels

A primary concern in addressing the visibility of aging and older people at the elementary school level should be the utilization of as many different instructional methods and techniques as possible. The greater the variety and breadth of approaches used, the greater the cognitive and affective stimulation.

1. Realistic perspectives of aging and specific information can color the daily learning process.
 - This can be done through songs, stories, art, music, books, class projects, field trips, and intergenerational contact with an older person, such as a school volunteer.
2. In some of these experiences, the concept of aging can be analyzed with the children; in the remainder of the experiences, the mere presence of an aging perspective will help children develop a sense of normalcy in regard to aging.
3. Concepts of aging can be made visible by introducing them into the language of other subjects through the use of examples and illustrations.

4. For example, if you are teaching addition in first grade, you could use this "problem":

"Three grandmothers and two grandfathers got on a bus to go to a ballgame. How many people got on the bus?"

- The answer is five whether the example used is "three apples and two oranges in a bowl" or people. An illustration that deals with "numbers of people" may be more easily understood by young children.
 - Use of this illustration accomplishes a number of things in addition to reinforcing the three-plus-two concept.
5. Let us look at what else has been accomplished. You have told the children:
- Older people exist and sometimes you think about them.
 - Older people do many things, including take buses and go to ball games.
 - Children and older people do some of the same things, such as take buses. They also enjoy some of the same things, such as ball games.
 - Finally, it is not unusual to see more older women than older men.

6. The aging information in the example focuses on **similarities and commonalities rather than differences** between age groups. It also supports the premise that age is not necessarily the determining factor in what people do or enjoy.
7. The view of aging offered in the example may provide an alternative view to that learned from family, friends, and the media.
8. Using the age-integrated approach with some frequency will help children become more familiar with and accepting of older persons.

B. Adding Aging to the Elementary Curriculum

1. Aging, old age, and the aged may emerge **naturally** as a part of a subject at any grade level, from "show and tell" to geography, history, science, reading, or math.
2. In science, sensory changes associated with aging can be examined through simulation games.
- Earmuffs, mittens, and colored glasses can simulate some of the physical changes that occur.

- The frustrations that arise from simulations can be potent teaching tools.
- 3. Music is an excellent medium because it transcends age and time.
- Songs that tell stories about older persons can stimulate an awareness of aging.
- Music written by older composers or lyricists, such as Irving Berlin, can provide students with an appreciation of the contributions made by older persons in the field of music.
- Involving older musicians in a music program graphically communicates the notion that the presence or absence of talent is not determined by one's age.
- 4. Drama or story times are ideal opportunities for children to dramatize an older person who, even though able to participate in a conversation, is shut out of the conversation of other adults and is ignored or told to "be quiet."
- If role-playing activities are orchestrated carefully, the children will be able to identify closely with the ways in which older persons are treated by some young and middle-aged adults.

5. The development of sensitivity toward the aging is an essential first step toward the development of realistic attitudes.

C. Elementary Level Intergenerational Programs

1. Intergenerational programming is an excellent method of helping children learn about aging and older persons. Through interaction with an older person, especially in a classroom setting, children have the opportunity to:
 - Interact with a person who has aged successfully and thus serves as a positive role model.
 - Learn that older people often have special skills they are willing to share with others.
 - Develop a special personal relationship with an older person who is not a member of their immediate family.
2. Puppet shows presented by older volunteers are an exceptionally good vehicle and are long-remembered, enjoyable experiences.
 - These shows promote comfortable opportunities for conversation. And regardless of the subject of the show, both the children and older volunteers may discover they have shared interests.

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- These shared interests provide a firmer foundation for relationship building.
- 3. Older volunteers can provide immeasurable assistance to teachers.
- In these days of large classes and limited resources, volunteers can be indispensable.
- A teacher who takes the time to learn how to work most effectively with a classroom volunteer will find the time well-spent.

III. METHODS AND TECHNIQUES AT SECONDARY LEVELS

The integration of aging into the present curriculum continues to be an appropriate technique to achieve balanced views of aging and older persons. However, an increased number of options are available at the junior and senior high school levels where aging may emerge as a natural and normal part of numerous subjects.

A. Overview

1. Most of the following age-integrated techniques and methods are effective both with students who have had no prior exposure to the age-integrated curriculum as well as with those from elementary programs that have used an age-integrated curriculum.

2. Students will deal with questions on aging differently, depending on their age, maturity, and educational background. The more creative the students and the greater the breadth of their experiences and knowledge of aging, the greater the challenge to the teacher.
- The teacher can play the role of learner along with the students. However, no teacher should rely too long or too heavily on this approach.
 - Ordinarily, teachers start with an advantage -- they are older than their students and have had more experience with aging.

B. Health

1. In health, the study of human development with its associated changes and maturation should include perspectives on aging and old age.
2. Discussions of adulthood, including aging, should present perspectives on physical changes, changing roles and responsibilities, and changing family relationships.
3. Nutrition and maintenance of health throughout the lifespan are frequently included as topics of discussion. Although

it is often difficult for youth to comprehend how their behaviors and life styles will impact them in later life, the relationship is direct. This may provide opportunities for counseling moderation in specific lifestyle behaviors.

C. Science

1. Science, especially biology, naturally includes aspects of aging.
2. Some students are especially interested in aging from a biological viewpoint.
3. Here are some of their questions:
 - How do life spans of different species of animals differ?
 - Do individual people have fixed life expectancies?
 - How does pollution (or smoking, drinking, stress, and so forth) affect aging and longevity?
 - What causes aging?
 - What is premature aging?

D. History

By its very nature, history has an aging focus. Many of history's most salient figures were old even by today's standards and, if judged by the life expectancy of the times they lived in, they were extremely old.

1. In American History, the life of Benjamin Franklin is an excellent example of effective and successful aging, as are the lives of Samuel F. Morse, the inventor of the telegraph, and Rosa Parkes, the black woman from Selma, Alabama, who refused to sit in the back of the bus.
2. Other historic "older" figures from America's past include Teddy Roosevelt, "Buffalo Bill" Cody, Booker T. Washington, Albert Einstein, Geronimo, and Chief Joseph of the Nez Perce Indians.
3. In World History, "elder" statesmen include Disraeli, Bismark, Queen Elizabeth I, Queen Victoria, Peter the Great of Russia, Mahatma Gandhi, Winston Churchill, and Golda Meir.

E. Social Studies

1. Social Studies provides ideal opportunities to deal with more current older figures, such as Ronald Reagan, Warren Burger, and "Tip" O'Neill.

2. Demography provides an excellent tool for stimulating discussions on our changing society.
3. Our changing health care needs can be more easily understood if we understand who are the major consumers of health care.
4. A number of economic and social lessons can be enhanced through examples dealing with aging and older adults.
5. For example, comparisons of the median incomes for older women and older men show older women receive less than half the amount older men receive. As a result, more older women live below the poverty line than do older men.
6. Internal migration often sparks variations in local and regional economic development. The impact of such migration may be clarified when viewed in terms of Florida's growth patterns.
- For example, 25 percent of older adults who move from their home states after retirement migrate to Florida.

F. Social Sciences

1. In Social Sciences, students are exposed to the concepts and impact of racism and sex-

ism. Ageism is sufficiently similar to be included in these discussions.

- A focus on ageism can also provide an alternate focus for a discussion of Social Security, its associated legislation, and its impact over the past 50 years.

G. Political Science and Economics

1. At some point, attention can legitimately be focused on the aging and the impact this group has on our American system in contrast to the aged who live under communism.
 2. In 1980, the elderly comprised a little more than 11 percent of the U.S. population; by 2000, older people are expected to account for almost 15 percent. Any group that comprises one out of eight people in a country must figure prominently in its political and economic workings.
 3. The elderly tend to hold more political and economic power than either they or most other people realize.
- In the 1976 presidential election, only 36 percent of men and 40 percent of women, ages 18 to 21, voted, while 71 percent of the men and 63 percent of the women, ages 65 to 74, voted. The older adults accounted for 16 percent of the voters in that

election, although they accounted for only 11 percent of the total population.

(Brotman, H., Gerontologist 17(2): 157-59.)

4. In several Florida counties, especially those with populations approaching a 50-50 split (i.e., 50 percent over age 60, and 50 percent under age 60), older people have tremendous political power. Although they have yet to vote as a bloc, their potential influence cannot be underestimated.

H. Literature

1. Literature is an excellent tool at the middle and secondary levels. As readers, most of us believe that books make a difference in how students think, the ways they see themselves and their world.
2. If books can impact these areas, they can help students understand the impact of aging on people and the different ways aging is viewed.
3. Many fine authors have addressed aging:
 - Pearl Buck's The Good Earth.
 - Hilton's Goodbye Mr. Chips.
 - Hansberry's A Raisin in the Sun.
 - Miller's Death of a Salesman.

- Shakespeare's King Lear.

I. Math

1. Decimals and percentages can be practiced using examples of retirement income determination.
2. Fixed Income Budgeting can be used to enhance students' understanding of the problems they will encounter as college students and those that face some older persons.
3. Demography and its accompanying statistics can be excellent vehicles for the practice of math skills.
4. Understanding compound interest and its computation is reinforced through the use of long-range investing strategies.

I. Career Education

Although Career Education should address the multitude of careers that serve all segments of the population including older people, it rarely does. Unfortunately, when one does suggest a career that might involve the elderly, many think first of direct care providers in nursing homes or of social workers. People rarely consider these important facts:

1. A segment of marketing is devoted to the aged consumer.
2. Urban planning and transportation system design must consider the needs and interests of every segment of the population, including older adults.
 - As a group, older people are very important in the design of mass transit systems because of their heavy use of public transportation.
 - Road designers must consider perceptual changes that accompany normal aging in order to design safe roads for all who use them.
3. Architecture now incorporates special design factors in addressing older persons' housing needs.
4. Health care providers spend a significant portion of their time providing services for older people, with the exception of specialists such as pediatricians and obstetricians.
5. A dental specialty for the aged is now recognized by the American Dental Association.
6. From sales clerks, to mechanics, to home builders, all spend an increasing portion of their time working with older customers

each year. This trend will continue for the next 50 years, as the "baby boom" generation ages.

7. There is a definite trend toward requiring city and county police officers and fire fighters to complete special training courses to work more effectively with older people.
8. The list for career education in aging is long and is growing steadily. This information is important if we are to provide students with accurate overviews of a variety of professions. It is also essential for sound decision-making in career planning.

K. Intergenerational Programming

Intergenerational programming continues to be an effective technique for increasing interaction between youth and older persons, even after the elementary level. Although junior and senior high school students may well have outgrown puppet shows, they still respond positively to one-on-one activities with older volunteers.

Intergenerational activities may include:

- Tutoring in math, reading, and social studies;

- Career counseling by older volunteers.
- Tutoring of older persons by young students in such areas as basic literacy and computer education.

IMPLEMENTING THE AGE-INTEGRATED CURRICULUM

The examples and suggestions on integrating aging into the curriculum should enable you to see the wide range of techniques and subject matter appropriate to this task. Some of these suggestions may appeal; others may not. Some of the age-integrated suggestions are appropriate only to a limited number of grades and subjects; others have broader applicability. Some of the Academic Training in Aging for Florida Educators (ATAFE) project examples are natural extensions of your teaching style; others may require some adjustment. In other cases, ATAFE techniques will have to be modified.

I. COMMITMENT TO AN AGE-INTEGRATED CURRICULUM

A. Personalizing Age-Integrated Techniques

1. If ATAFE is to have an impact on children's attitudes, each teacher must make a personal commitment to try each approach that is appropriate for your students.
2. Make a commitment to use terms associated with aging and at least one age-integrated example each day for a month. By the end of this time, you will have incorporated these examples into your teaching style.

3. Some of the ATAFE techniques will work perfectly the first time you use them.
 - Others will require a little tinkering to make them blend with your style or to achieve the desired instructional objective.
 - By all means tinker until you are comfortable with a technique and feel it is a natural part of your teaching style.
 - Every technique that becomes second nature to you will have been thoroughly personalized.
4. As a part of personalizing the techniques for integrating aging into the curriculum, seek out additional sources of information on aging and use these to develop new instructional techniques, methods, and examples.
 - There are numerous instructional materials and their sources listed in the appendices of the ATAFE Training Guides.
5. Share the information you have learned with others. Also, share the age-integrated curricular materials with colleagues.

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B. Intergenerational Emphasis

1. In order for intergenerational programming or activities to be effective, they must be utilized on a regular and frequent basis.
 - Plan for these to be separate from your regular volunteers and the enrichment they can provide.
2. Make a commitment to use an older volunteer or volunteers in your classroom for at least two grading periods.
 - This will give you an opportunity to sort through potential volunteers and find those whose educational and classroom philosophies are supportive of your own.
 - Even though volunteers receive an orientation to a school system and often to a specific school, plan to provide your volunteers with an orientation to your own classroom.
 - Before a volunteer comes into your classroom, take the time to make certain the volunteer is aware of any special school rules/regulations that will affect volunteers. Discuss any unique or unusual class rules with your volunteer. If possible, give volunteers copies of the school rules and regulations.

- Evaluate the impact of the volunteers; if some of your objectives have not been reached, work with the volunteers to modify the objectives or the methods used to achieve them.
 - Working with volunteers -- and the mutual benefits for students, teacher, and volunteer -- is discussed more fully in the ATAFE manual, Volunteers in the Intergenerational Classroom.
3. If you become bored with some of the techniques for integrating aging into the curriculum, rotate them, **devise new techniques and methods**, or borrow ideas from another teacher.

II. NEW DIRECTIONS

Through ATAFE, we have learned the impact of negative attitudes toward aging and some of the approaches that can be used to integrate aging into the present curriculum.

A. Recommendations

1. We hope our enthusiasm will inspire our colleagues to examine their own attitudes toward aging.

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- A few words of caution -- frontal assaults are rarely effective in changing either another person's behavior or that of a system.
- 2. The ease and effectiveness of the age-integrated curriculum, as well as its acceptance by students, will peak other teachers' curiosity.
- 3. If your methods result in more enthusiastic learners, other teachers will be inspired to try your approach.

B. The Future

With equal opportunity, an optimistic and realistic view of aging is as easy to learn as a negative one.

Remember also that children are carriers -- of colds, chicken pox, optimism, and learning. The students we reach will not just be found in the classroom. The aging-positive curriculum will have an impact on students' parents, family, friends, and the entire community.

FACILITATOR GUIDE: TEACHING ABOUT AGING

OBJECTIVES

At the completion of this module, students will be able to:

1. Demonstrate an understanding of the breadth of an age-integrated curriculum.
2. Integrate aging into the existing curriculum.
3. Plan and implement age-integrated lessons.
4. Develop additional age-integrated lessons, based on specific content area/needs of their students.

TIME REQUIRED

The basic module, the ATAFE film "Teaching Aging," and a 15 minute discussion session requires 2.0 instructional hours. The total amount of instructional time required for Module IV varies with the number of audio-visual resources utilized, class size, and the length of discussion.

ADDITIONAL READINGS

- Bradbury, W. The adult years. New York: Time-Life Books, 1975.
- Comfort, A. A good age. New York: Crown, 1976.
- Foster, C. D., Siegel, M., & Jacobs, N. (Eds.). Growing old in America. Plano, TX: Instructional Aides, 1984.
- Huyck, M. Growing older. Englewood Cliffs, NJ: Prentice Hall, 1974.
- McGuire, S. L. Promoting positive attitude toward aging among children. Journal of School Health, 1986, October, 56(8), 322-324.
- Sheehy, G. Passages: Predictable crises in adult life. New York: E. P. Dutton, 1976.
- Shelby, P. Aging 2000: A challenge for society. Boston: MTP Press, 1982.

AUDIO-VISUAL RESOURCES (Appendix A: descriptions/ordering information.)

- Close Harmony. (16mm; 1/2 inch VHS)
- Growing Up -- Growing Older Series: More Than A Memory. (16mm)
- Old Enough To Care. (3/4 inch U-matic, 1/2 inch VHS/Beta I)
- Teaching Aging (ATAFE). (1/2 inch VHS)

INSTRUCTIONAL MATERIALS (Included in Appendix B.)

- ATAFE Test on Aging (Achievement Test/Key)
- ATAFE Test 2 on Aging (Achievement Test/Key)
- Palmore's Facts on Aging - Short Quiz.
- Palmore's Facts on Aging Quiz: Part II.

TEACHER RESOURCES (See Appendix A for complete and annotated entries.)

Elementary Level

- Beall, P.E. (Ed.) Understanding Aging: A Curriculum for Grades K-6.
- California Dept. of Education. Education About Aging.
- Kavanagh, D. Language Arts Activities for Teaching About Aging.
- Oklahoma Dept. of Education. Don't Stop the Music: Unit of Study on Older Americans (K-6).
- Sadoff, E. Plus Education for Aging: A Literature Approach to the Teaching about Aging for Grades K-3.

Secondary Level

- Frost, G. Confrontation: Aging in America.
- Kavanagh, D. Language Arts Activities for Teaching About Aging.
- Kates, D. Marriage and Family Life: Vocational Home Economics.
- Myers, J. W. Aging Education for the Junior High/Middle School Years.
- Smith, G.R. Teaching About Aging: Environmental Education Series.

VOLUNTEERS AND THE INTERGENERATIONAL CLASSROOM

MODULE V

VOLUNTEERS AND THE INTERGENERATIONAL CLASSROOM

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Academic Training in Aging for Florida Educators Project
ATAFE

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TARGETING ATAFE GOALS THROUGH OLDER VOLUNTEERS**I. MAKING AGING VISIBLE**

In our overview of the Academic Training in Aging for Florida Educators Program and in the modules, "Images of Aging" and "Teaching Aging," we have clearly defined and elaborated on the philosophy, principles, and goals underlying ATAFE. These principles, which are the rationale for adjustments in the curriculum and language of instruction, are the same that underlie and support the presence of older volunteers in the classroom.

A. Assumptions

1. Ageism and negative age-stereotyping dominate our culture as a result of the interplay of multiple social and economic factors, generational isolation, and the negative images of later life as promoted by the media.
2. The lack of accurate information about aging and the lack of contact and understanding between generations -- especially the disenfranchisement of older people -- has serious social consequences for all people.

3. Ageism, like any form of bigotry, can be addressed and mitigated through education and through sustained, informal intergenerational contact that leads to deeper levels of knowledge, understanding, and acceptance of older people.
4. Intergenerational sharing can be accomplished through:
 - Exposure to a variety and range of personalities, backgrounds, attitudes, and capabilities of older people.
 - Development of effective channels for intergenerational communication.
 - Recognition of similarities between older and younger people (cross identification).
 - Recognition of generational interdependence and reciprocal needs.

B. Importance of the Classroom

1. A primary place to begin making aging visible for young people is the classroom.
 - Sheer quantity of sustained contact hours.
2. Classrooms offer controlled environments in which learning behaviors are already the primary focus.

3. It is easier to cultivate more positive attitudes toward aging in young people before negative attitudes have been completely formed.

II. MUTUAL BENEFITS OF THE INTERGENERATIONAL PROCESS

The opportunities inherent in the multigenerational classroom are shared and reinforced by all involved: the volunteer, the child, the teacher, and even the institution. The multiple perspectives of this new classroom dynamic may be viewed as a microcosm of the intergenerational needs and possibilities in society as a whole. In this light, the purpose and definition of education take on an expanded meaning.

A. Older Volunteer's Perspective

The older volunteer stands to receive enormous benefits in life enrichment and personal growth through the intergenerational classroom, the fact of generational reconciliation being foremost among them.

1. Intergenerational identification (reconciliation).
- Sharpen communication skills to enhance a) understanding of youthful family members points of view and b) generational contrasts in the culture.

2. Develop warm affectionate relationships with young people.
3. Maintain involvement in mainstream society.
4. Maintain involvement with new technologies, information, events, and methods of teaching.
5. Evaluate and validate knowledge and skills.
6. Share personal knowledge and skills with young people.
7. Gain more positive view and insight into value of later life.
8. Realize long-standing or new goals not yet achieved (e.g., teaching and parenting).
9. Expand and maintain repertoire of personal and social roles and perspectives.
10. Gain insight into contemporary family structure and bonds.
11. Satisfy craving for adventure by meeting new challenges.
12. Develop nonjudgemental relationship with younger person such as is not usually available in family relationships.

13. Gain satisfaction through a) positive impact on students and b) classroom settings and acknowledged assistance to teachers.
14. Enhance personal and political advocacy skills.

B. Children's Perspective

Through this program, children also acquire important perceptions of generational identifications or similarities, thus helping bridge the gap between themselves and older adults.

1. Exposure to many, varied types of older individuals.
2. Exposure to role models of successful aging.
3. Develop affectional bonds with older people.
4. Develop nonjudgmental relationship of unconditional regard with older person such as is not usually found in the classroom or family.
5. Learn to value and respect experience, capabilities, and varieties of older people.

6. Participate in and understand age-grading, with its inherent dimension of age-privilege, in the broadest sense.
7. Gain exposure to living history -- stories and reminiscences of older people.
8. Share knowledge and skills with older adults.
9. Expand social and personal repertoire.
10. Observe the dynamics between teacher, older volunteer, and institution, (i.e. school).

C. Teacher's Perspective

The teacher stands to make important gains in his/her personal and professional development.

1. Gain insight into intergenerational processes.
2. Gain insight into the value of later life.
3. Gain exposure to living history.
4. Gain exposure to role models of successful aging.
5. Gain satisfaction in facilitating intergenerational process.

D. Classroom Perspective

The volunteer's involvement in the classroom offers a wide range of benefits, from simple assistance to the teacher to an expanded and enriched learning environment.

1. Reinforces age-integrated curriculum and language of instruction by making aging visible in the classroom and introducing the multiple dimensions of later life.
2. Improves hands-on adult-to-student ratio:
 - a) supervision of small group activities,
 - b) individual tutoring, and c) instructional assistance.
3. Increases availability of curricular enrichment experiences.
4. Ensures a greater degree of continuity in the event of teacher absences or transfer.
5. Helps pass on to children sense of social and historical continuity implicit in goals of public education.
6. Helps establish learned and applied values (personified in elders) as philosophical base for education.
7. Helps relate educational processes to successful aging.

E. School (Institutional) Perspective

On a broader scale, the educational institution will be assisted in attaining long-range goals through a school volunteer program.

1. Increases community/school involvement.
2. Increases prospect of community support for special projects and needs.
3. Helps educate and sensitize community on issues of education.
4. Enhances the potential for political advocacy in educational concerns.

III. VOLUNTEERS -- REDEFINING THE CONCEPT

The concept of volunteer takes on an expanded meaning in relation to the goals of the ATAFE program. Of prime importance is the multidimensional role of the ATAFE volunteer. Based on the mutual benefits of the intergenerational classroom, the technical assistance offered by the older volunteer, while of obvious, immediate value to the teacher, is actually an innovative means to the much broader goal of educating young people about the aging process and the reality of later life by offering them an opportunity for "normal," sustained multigenerational interaction.

It is from this standpoint then that we approach the entire process of volunteer recruitment, selection, training, and supervision.

A. Taking the Generic Approach

Viewing the older volunteer within the broader generic concept of "volunteer" is crucial to the ATAFE goal of eliminating age-stereotyping.

1. From the generic perspective, teacher's can assume the following about people seeking to be volunteers in an intergenerational setting.

- Can demonstrate a variety of interests and skills.
- Will behave in ways consistent with personal likes and dislikes.
- Will be self-selecting, choosing volunteering for reasons of self-interest as well as altruism.
- May be trained in new areas according to individual interests and skills.
- Will require expressions and gestures of reinforcement and appreciation.
- Will expect to be treated with courtesy and respect.

- Will require intelligent, fair-minded, and consistent supervision.
- 2. From the generic perspective, teachers should establish criteria for standards of acceptable volunteer performance from the intergenerational classroom.
- Select for such positive traits as enthusiasm, flexibility, honesty, courteous manner and good grooming, cooperative attitude, and demonstration of effective classroom skills.
- Communicate expectations clearly.
- Communicate an attitude of appreciation and respect.

B. Special Considerations for Older Volunteers.

Working with older volunteers--who play a role in making aging visible in the classroom--does, however, presuppose an additional dimension in the processes of volunteer selection, training, and supervision.

1. Older volunteers should be attuned to the intergenerational environment in the following ways:
 - Possess an interest in childhood development and education from an academic or nonacademic point of view.

- Possess a desire for personal interaction or bonding with children (i.e., view contact with the child's perspective as an important form of life enrichment).
 - Demonstrate an ease in communicating with younger people.
 - Possess sufficient self-confidence and motivation to share personal experience and knowledge.
2. Teacher should be attuned to special characteristics of older people that may affect the classroom atmosphere.
- Sensitivity to age-stereotyping.
 - Contrasts in generational or cohort values and communication styles.
 - Contrasts in previous training and professional styles.

WORKING WITH ATAFE VOLUNTEERS

Before recruiting your own volunteer, find out if the school has a volunteer coordinator. If none exists, check to see if there is a county-based school volunteer program. If none of these are available, you might decide to recruit your own volunteer.

I. VOLUNTEER OUTREACH AND PREPARATION

This process begins with the decision that opening your classroom to older volunteers will provide the students with maximum opportunities. In a general sense, volunteers are valued for part they play in expanding learning.

A. Initial Phase

1. In deciding to involve an older volunteer:

- Consider your relationship with the class and school.
- Consider how your students combine to form a "classroom personality."
- Consider your willingness to have another adult in the classroom on a regular basis.

2. Check with the school.

- Obtain information on existing school volunteer programs and mechanism for accessing.
- Secure the school regulations governing involvement of volunteers (e.g., insurance, parking privileges, types permitted, and access to school records.)

3. If it is necessary to recruit your own volunteer, first determine formal and informal outreach channels.

- Area Agencies on Aging whose information network's extend to senior centers and other volunteer coordinating organizations.
- Churches, lodges, and other fraternal clubs.
- Public media outreach, newspapers, TV, radio.
- PTA.

B. ~~Intermediate~~ Phase

1. Clarify and formalize classroom and student needs and how these affect your selection of a volunteer. Consider:
 - Type of skills desired in the volunteer.

- Time commitment required.
 - Areas of volunteer involvement.
 - Type or amount of orientation to be provided.
2. Interviewing is a sensitive process that requires an understanding of the expanded volunteer concept as described in the previous section in this module, as well as a grasp of individual classroom needs.
- Explain multidimensional role of older volunteer.
 - Explain potential benefits of experience for volunteer, students, and teacher.
 - Encourage discussion of ideas on formal and informal education.
 - Encourage discussion of reasons for wanting to volunteer (initial shyness may be expected in any interview).
 - Encourage self-assessment of range and level of skills.
 - Ask questions that involve personal history to: a) set an informal tone, b) obtain a more detailed picture of the potential volunteer's likes, dislikes, and attitudes, and c) set the stage for the sharing of experiences in the classroom.

- Answer all procedural questions clearly and thoroughly.
- Maintain relaxed, nonthreatening tone; apply principles of good listening.
- 3. Selection is also based on the multidimensional role of the volunteer and on the broad goal of making successful aging visible in the classroom.
- Consider degree to which the potential volunteer meets both the generic qualifications for volunteers and the special qualities required for intergenerational exchange.
- Take into account the perceived potential of the person to adjust, develop, and grow within the unique demands of your classroom and the intergenerational concept.
- Match as closely as possible the volunteer's personal style, skills, and interests to those of the class, as a whole, and to your individual needs.
- Evaluate the volunteer's potential for positive impact on students.

C. Volunteer Orientation Phase

Careful preparation and training before the volunteer enters the classroom will enhance

volunteer effectiveness and satisfaction and prevent the occurrence of time-consuming problems and distractions.

1. Provide a written job description that may help answer the following questions frequently posed by volunteers:

- What skills does this job require?
- What do you want me to do?
- How often do you need me?
- How long will this job last?
- Will you be the only teacher I'll be working with?
- Who will supervise my activities?
- How do I let you know when I cannot come?
- How will you let me know if you do not need me?

2. Consider giving the volunteer a copy of Volunteer Bill of Rights. (Utilizing Volunteers in Your Classroom, A Handbook for Teachers, Florida Department of Education, 1977).

THE BILL OF RIGHTS FOR VOLUNTEERS

- I. The right to be treated as a co-worker
...not as "just free help"....not as a
"prima donna."
- II. The right to a suitable assignment ... with
consideration for personal preference, tem-
perament, life experience, education and
employment background.
- III. The right to know as much about the school
as possible....its policies....its people
....its programs.
- IV. The right to training for the
job....thoughtfully planned and effectively
presented training.
- V. The right to continuing education....as a
follow-up to the initial train-
ing....information about new develop-
ments....training for greater responsibili-
ties.
- VI. The right to sound guidance and direc-
tion.... by someone who is experienced,
well-informed, patient, and thoughtful
...and who has time to invest in giving
guidance.
- VII. The right to promotion and a variety of
experiences....through advancement to as-

signments of more responsibility....through transfer from one activity to another.... through special project assignments.

VIII. The right to be heard....to have a part in planning....to feel free to make suggestions to have respect shown for an honest opinion.

IX. The right to recognition....in the form of promotion....and awards....through day-by-day expression of appreciation, and by being treated as a bonafide co-worker.

3. Identify and discuss classroom procedures:

- Speaking in class.
- Leaving and returning to class for special reasons.
- Lateness.
- Excuses for absences or school work omissions.
- Rewards.
- Parental and community interaction.

4. Identify sensitive areas -- such as politics, religious beliefs, and social issues

-- in which discussion can occur only with care and restraint.

5. Define areas/subjects that should not be discussed with the students.

- Personal problems.
- Opinions on school procedures.
- Relationship with teacher.
- Opinions on child's family relationships.

6. Define parameters of areas of information to be communicated to teachers (initial constraints may be modified as deemed appropriate).

- Caution volunteers to avoid hasty, snap judgments of a child's behavior, physical or emotional condition, and academic skills.

7. Define codes and standards of behavior appropriate in the following relationships:

- Volunteer/Teacher.
- Volunteer/Student.
- Volunteer/Teacher-Student.

D. Matching Volunteers and Assignments

Volunteer assignments must be carefully worked out after discussion and assessment.

1. Instructional Activities.

- Individual or group tutoring.
- Small group discussion or practice.
- Reading aloud to and with students.
- Planning and conducting enrichment activities (i.e., special art, history, music projects).
- Sharing and demonstrating special skills and talents such as photography, stamp collecting, or floral design.
- Formal sharing of personal knowledge and experience - living history presentations.

2. Noninstructional Activities.

- Production and location of instructional materials.
- Clerical tasks.
- Liaison with the community.

3. Scheduled intergenerational activities

- Life history story-telling sessions.
- Sensory simulation games.
- Music, art, and drama programs.
- Puppet shows.

E. Preparing the Volunteers for the Classroom

1. Focus on Intergenerational role: Explain thoroughly the value of making aging visible in the class room, highlighting the importance of previous life experience and training.
 - Encourage the sharing of personal experience when appropriate.
 - Encourage emotional bonding with the children within the specific defined parameters above.
2. Carefully select and explain instructional materials for tutoring and small group drilling and discussion.
 - Define and describe clearly the application of the specific instructional materials.
 - Define and describe major instructional methods and techniques.

- Describe volunteer's role in the learning process.
- 3. Acquaint volunteer with key classroom dynamics.
- Information on general "personality" of class.
- Information on any specific problem areas (where necessary).

F. Introductions

Introducing the volunteer to your students is a crucial part of setting the tone for the volunteer's relationship with the class.

With the volunteer playing different roles for the varying classroom levels of early elementary, middle elementary, and secondary, we will examine three possible approaches appropriate for each of those levels.

The "introductions" consist of two phases a) before the volunteer enters the class, which may be any length of time the teacher deems appropriate and b) when the volunteer actually meets the class. (Note: In most situations it is not necessary to mention that the volunteer is an older person.)

1. Early elementary level.

● First Phase:

Suggested dialogue: "Tomorrow we are going to have a guest who will be working with us and who might want to visit us and share our classroom on a regular basis. I think you are going to like Mrs. _____ because she has some very interesting things to share with us about her _____ (travels in Africa, career as a photographer, or collection of handmade dolls, and so on). So I hope you'll show Mrs. _____ how pleased we are to have her come and how much we want her to come back.

● Second Phase:

"Class, I want you to meet Mrs. _____, the special guest I mentioned to you yesterday. Mrs. _____ has many wonderful stories and experiences to share with us about _____. She's told me how much she has been looking forward to meeting all of you."

2. Middle Elementary Level.

● First Phase:

Suggested Dialogue: "Tomorrow, we will have a guest in our class who will be helping us improve our skills by working with

us in small groups and individually. Mr. _____ has some very special skills of his own. He was a _____ (teacher, engineer, newspaper man, supervisor, etc.) for _____ years. Since he will be working with us on a regular basis, I'm sure we'll have a chance to hear about some of his unique experiences. So let's do our best to make him feel welcome."

- Second Phase:

"This is Mr. _____ whom I told you about yesterday. He's going to be a great asset to the class by taking the time to give you some extra help in subject areas where you need some extra practice. We're fortunate to have Mr. _____ with us for another reason: he has had some unique experiences as a _____ (county supervisor, typesetter, wilderness explorer, etc.) and will be sharing some of these with us.

3. Secondary Level.

- First Phase:

"On Thursday we'll be having a guest who will be talking to us and to other classes on a regular basis about her professional experiences and expertise in _____ (medicine, teaching, research, community relations, chemical engineering, nursing, etc.) Dr. _____ will be of special interest and help to those of you inte-

rested in going into _____ or a related field. She will also be adding an extra dimension to American Studies by giving us a first-hand account of life in America during the depression."

- Second Phase:

"Class I would like you to meet Dr. _____. Dr. _____ has spent _____ years as a nutritionist for the Florida State public health program. She helped pioneer _____ and was responsible for middle management changes that led to a higher quality of service delivery. She received _____ degree from _____. She is married and has two children who are both working in the agri-business field.

As an added attraction, Dr. _____ had first-hand experience which she will share with us of the depression as it was lived in rural America when her parents ran a small grocery store.

In addition to group presentations, Dr. _____ has agreed to talk with you individually about career planning if you are interested.

4. In the case of older nonprofessionals mention special personal achievements and interests, emphasizing the volunteer's interest in the developing younger generation.

II. THE INTERGENERATIONAL CLASSROOM

The intergenerational classroom is a highly complex and stimulating environment that can enrich the educational process for all involved. The teacher, whose work and productivity are greatly enhanced by the older volunteer, must become especially sensitized and acquainted with generational dynamics, in order to maintain an optimum of positive involvement for all age levels.

The child, who is now functioning in an expanded learning environment, continues to be the focus of special attention and guidance.

A. Relationships

1. Each child will develop his or her own unique relationship with the volunteer because of how each one's background and experiences will affect the relationship.
2. Each volunteer will each develop his or her own unique relationship with the teacher and the students because of the effect background and experiences have on the relationships.
3. The added dimension of age in classroom:
 - Affects teacher-child relationship.

- Affects learning process.
- Introduces a broadening of responsibility.

B. Children as Participants

At the early elementary school level -- and to a certain extent at the middle and secondary school levels -- the students are now functioning in an expanded (intergenerational) learning environment and is developing special bonds with older adults.

1. How most children see aging.

Regarding children's and youths' attitudes and understanding of aging and old people, we know that:

- Young children understand age as a static condition.
- Children will differentiate age via characteristics and prerogatives (i.e., age-grading) but not necessarily aging as a process.

2. Young people will respond to the added dimension of aging in the classroom.

- Through individual friendships will begin to view aging as a process.

- Will begin to sense reciprocity between generations.
- On viewing models of successful aging, will be less likely to continue to maintain fears of later life and the aging process.

C. The Volunteer As Participant

Keeping the volunteer program continuing and functioning at its best requires establishing effective communication channels and procedures for evaluation, reinforcements, and appreciation of the volunteer.

1. Evaluation and Adjustments Set up regularly scheduled formal sessions with the volunteer to:

- Allow volunteer to express feelings and thoughts on classroom experience.
- Resolve problems or adjust to new developments in the classroom.
- Develop plans for expanded or altered volunteer involvement.

2. Reinforcement.

- Set regularly scheduled evaluation sessions emphasize positive aspects of volunteer's performance.

- On a continuing, informal basis in the classroom, compliment and encourage the quality of volunteer's involvement and skills.
 - Utilize positive communication techniques. (Some techniques are discussed in the ATAFE manual on intergenerational communications.)
3. Volunteer appreciation can be accomplished in a variety of ways.
- Verbal and nonverbal reinforcements.
 - Expressions of appreciation and gratitude in front of the class.
 - Praising volunteer to other teachers with volunteer present.
 - Organizing an appreciation activity among the students -- such as making a thank you card or a hand-crafted gift and performing a skit or other appreciation presentation.
 - Personally presenting a gift or extending an invitation to lunch.

SUMMARY

Older volunteers in the classroom are essential for making successful aging a visible part of the educational process and, ultimately, of younger people's lives. Their presence will have a vital impact on the affective and cognitive development of children, especially as it changes, in a positive direction, their views of the aging process and of old people in general.

The intergenerational classroom interaction increases learning enrichment opportunities for all and offers channels for reciprocal sharing and assistance that mitigate experiences and emphasize similarities among all age groups. This program has great potential in the goal of eliminating ageism and age stereotypes and mending the intergenerational social fabric which has been so seriously rent during this century.

FACILITATOR GUIDE: VOLUNTEERS AND THE INTERGENERATIONAL CLASSROOM

OBJECTIVES

At the completion of this module, students will be able to:

1. Plan the creation of an intergenerational classroom.
2. Select and prepare an older volunteer to work in a specific classroom.
3. Plan for a volunteer-oriented classroom.
4. Make an older volunteer's presence in the classroom an integral part of the age-integrated curriculum.

TIME REQUIRED

The basic module, the ATAFE film "Volunteers," and a 15 minute discussion session requires 1.5 instructional hours. The total amount of instructional time required for Module V varies with the number of audio-visual resources utilized, the class size, and the length of any discussion.

ADDITIONAL READINGS

Firmman, J. P., & Stowell, S. Intergenerational school projects: Examples and guidelines. Little Rock, AK: Community Education Center on Aging, 1982.

Florida Department of Education, School-Community Involvement Program. Utilizing volunteers in your classroom: A handbook for teachers. Tallahassee, FL: Florida Department of Education, 1982.

Moore, L.F. (Ed.). Motivating volunteers: How the rewards of unpaid work can meet people's needs. Vancouver, B.C.: Vancouver Volunteer Center, 1985.

Older volunteers: A valuable resource. Washington, D.C.: American Association of Retired Persons. Publication # PF 3289 (1183), 1983.

To serve not to be served: A guide for older volunteers. Washington, D.C.: American Association of Retired Persons. Publication # PF 3304 (1185) D12028, 1985.

AUDIO-VISUAL RESOURCES (Appendix A: descriptions/ordering information.)

Because Somebody Cares. (16mm; Video Cassette)

Prime Time Series: Interdependent Relationships. (16mm; 1/2 inch VHS)

Silver Linings. (16mm, 3/4 inch VHS and 1/2 inch VHS)

Volunteers. (ATAFE). (1/2 inch VHS)

TEACHER RESOURCES (See Appendix A for complete and annotated entries.)

Murphy, M. B. A Guide to Intergenerational Programs.

Stamstad, M. Clearinghouse on Intergenerational Programs and Issues: Resource Guide.

INSTRUCTIONAL RESOURCES

Appendix A

INSTRUCTIONAL RESOURCES

Academic Training in Aging for Florida Educators Project

ATAFE

Center for Applied Gerontology
Human Resources Institute
University of South Florida

ANNOTATED STUDENT MATERIALS (PRE-SCHOOL THROUGH HIGH SCHOOL)

PRESCHOOL, KINDERGARTEN THROUGH THIRD GRADE

Literature/Language Arts

Aliki. Feelings. New York: Greenwillow Books, 1984.

Pictures, dialogues, poems, and stories that portray the various emotions we all have -- anger, jealousy, sadness, fear, joy and love. Helps to facilitate discussion on how the old and young are similar. (PS-3: Picture Book)

Aliki. The Two Of Them. New York: Greenwillow Books, 1979.

"The day she was born, her grandfather made her a ring of silver and a polished stone, because he loved her already." In this poem of a picture book, Aliki captures the essence of a true and lasting love between grandfather and grandchild. (K-3: Picture Book)

Bang, Betsy (translator). The Old Woman and the Rice Thief. New York: Greenwillow Books, 1978.

"Every night a thief steals my rice," the old woman said, and off she went to seek help. With her quick wit the old woman is able to outsmart the rice thief. Portrays the older woman as clever, quick-witted, and intelligent. (PS-3: Picture Book)

Berenstain, Stan and Berenstain, Jan. A Week at Grandma's. New York: Random House, 1976.

When brother and sister bear find out that they are going to spend a week with their grandparents they wonder what they will do. They end up having a wonderful time. This book can help show children that older people are active and interesting. (PS-2: Picture Book)

Buck, Pearl. The Beech Tree. New York: John Day, 1955.

The parents of a little girl want to send her grandfather to a nursing home. She persuades them that he should stay with his family. This is a tender and appealing story dealing with the problem of old age. (2-4)

Cooney, Barbara. Miss Rumphius. New York: Puffin Books, 1982.

When Alice was a little girl she helped her artist grandfather. She shared with her grandfather that when she grew up she wanted

to do two things: go to faraway places and live beside the sea. Her grandfather told her there was a third thing she must do: "You must do something to make the world more beautiful." When Alice Rumphius grew up, she led an interesting life and readily accomplished the first two goals. How she accomplished the third makes an interesting story. At the end of the book Miss Rumphius is an older woman. She leaves the young reader with the same thought her grandfather had given her many years before. A sensitive portrayal of the grandfather and of Miss Rumphius' life. (PS-3: Picture Book)

Cooney, Barbara. Pancakes for Breakfast. New York: Harcourt Brace, 1978.

An older lady's attempts to have pancakes for breakfast are hindered by a scarcity of supplies and the participation of her pets. There are no words to this story. The pictures are easy for young viewers to follow; children also enjoy helping to make up the story. It portrays the older woman as active, flexible, and resourceful. (PS-2: Picture Book)

Fox, Mem. Wilfrid Gordon McDonald Partridge. New York: Kane/Miller Book Publishers, 1985.

A small boy, Wilfrid Gordon McDonald Partridge, lives next door to a retirement home. He knows all the people who live there, and everyone who lives there does something. One day Wilfrid hears that one of the ladies, Miss Nancy, has lost her "memory." Wilfrid tries to find out what a memory is. He then sets out to find some memories for Miss Nancy since she had lost hers. With Wilfrid's help Miss Nancy remembers. (PS-3: Picture Book)

Gauch, Patricia Lee. Grandpa and Me. New York: Coward, McCann & Geoghegan, 1972.

A boy and his grandfather share all types of activities. Each person thinks the other is very special. (K-2: Picture Book)

Goffstein, M.B. My Noah's Ark. New York: Harper & Row, 1978.

A woman in her nineties fondly remembers a lifetime of experiences related to a carved representation of Noah's ark and its occupants, a gift given to her as a child by her father. The story is told simply and with warmth. (K-2: Picture Book)

Hurd, Edith T. I Dance in My Red Pajamas. New York: Harper & Row, 1982.

When Jenny goes to visit her grandparents she is warned by her parents not to make too much noise because grandpa and grandma like peace and quiet. However, Jenny knows better. She knows her grandparents are interesting and active. Older people are portrayed as active, interesting, and vibrant. (PS-3: Picture Book)

Lasky, Kathryn. I Have Four Names for My Grandfather. Boston: Little, Brown, 1976.

Poppy, Pop, Grandpa, and Pops are the names for Tom's grandfather. This is the story of a warm and sharing relationship. (K-2: Picture Book)

Lasky, Kathryn. My Island Grandma. New York: Frederick Warne, 1979.

Abbey spends the summer with her grandmother on an island off the coast of Maine. Grandma is a rugged resourceful woman with much time to teach and share. With her, Abbey experiences the wonders of the island and develops a special friendship. (K-3: Picture Book)

Lucas, George. Star Wars. New York: Random House, 1985.

Children are often familiar with the Star Wars saga. One of the heroes is an older man name Obi-Wan Kenobi. Obi-Wan is portrayed as a person of great integrity--a role model who is sensitive, intelligent, loyal, and resourceful. Children generally like and can relate to Obi-Wan. The story portrays an older person as an honored, valuable, and contributing member of society. (PS-3: Picture Book)

Mayer, Mercer. When I Get Bigger. Racine, Wisconsin: Western Publishing, 1983.

A look at growing up on a level that young children can understand. Open to a lot of discussion about growing throughout life--growing from children to adults to older adults. Lets the children look at some of the things that they would like to do when they are older. (PS-1: Picture Book)

Parish, Peggy. Granny and the Indians. New York: Macmillan Publishing, 1969.

Granny Gentry lives alone in the woods and provides for herself by some pretty unorthodox means. What the Indians do know is that Granny is eating better than they are without working for her food. She and the Indians reach a humorous and unusual peace treaty. (K-3: Picture Book)

Wahl, Jan. Grandpa's Indian Summer. Englewood Cliffs, N.J.: Prentice Hall, 1976.

While a boy is visiting his grandparents, his grandfather brings home an Indian and the town goes into an uproar. The story is set in the 1930s. (K-3)

Williams, Barbara. Kevin's Grandmother. New York: Dutton, 1978.

Kevin and his friend talk about their grandmothers. Kevin's grandmother is very unconventional. She rides a Honda 50, arm wrestles, practices judo, belongs to mountain-climbing, goes skydiving, takes her grandchildren on trips, and makes peanut butter soup. His friend's grandmother gives piano lessons, plays checkers, belongs to garden clubs, takes her grandchildren on trips, and volunteers her time. Both grandmothers are portrayed as active, interesting, and loving. (PS-3)

Zolotow, Charlotte. William's Doll. New York: Harper & Row, 1972.

William wanted a doll. His father gave him a basketball and a train set instead, but these things did not make William want a doll any less. Grandmother does not think that boys with dolls are sissies. She gives him a doll so that when he grows up he will know how to be a good father. (PS-3)

Family Living

Showers, Paul. Me and My Family Tree. New York: Harper & Row, 1978.

An introduction to genealogy, with exercises and worksheets.

Science

Aliki. My Five Senses. New York: Crowell, 1962.

These simply designed pictures in bright colors and a brief text enable the young child to explore the five senses and the ways we learn through them. (PS-2)

Klein, Leonore. Old, Older, Oldest. New York: Hastings House, 1983.

This book discusses how people and animals grow old. It provides basic information for the discussion of animal lifespan and human development. (K-2)

Social Studies, History, Ecology

Ancona, George. Growing Older. New York: Dutton, 1978.

Thirteen brief portraits of older American men and women from a variety of ethnic and racial backgrounds. Each account discusses education, a childhood event, and feelings on aging. (K-4)

Farber, Norma. How Does it Feel to Be Old? New York: Dutton, 1979.

An older woman talks about how it feels to be old. Expressions of love and loneliness are interwoven into the past and present in this humanistic approach to old age. (K-3)

Gates, Richard. Conservation. Chicago: Children's Press, 1982.

A simple but informative introduction to ecology. Can be used to teach how the environment changes as it "ages." (1-4)

Miles, Miska. Annie and the Old One. Boston: Little, Brown, 1971.

A beautifully told story of a young Navajo girl living in a hogan on a reservation with her parents and her grandmother. (2-5)

Rylant, Cynthia. When I Was Young in the Mountains. New York: Dutton, 1982.

A reminiscence of the childhood pleasures of life in the Appalachian mountains. Includes many references to grandparents, with older people described in a variety of roles. (PS-3)

FOURTH THROUGH SIXTH GRADES

Literature/Language Arts

Buck, Pearl. The Big Wave. New York: John Day, 1948.

Kimo was the only one of his family left when a tidal wave swept away a Japanese fishing village. When he grew up he wanted to return to the village to be a fisherman. He knew how to be ready if another tidal wave came. The story has a unique value in its explanation of the mysteries of life and death. (4-6)

Bulla, Clyde Robert. The Sugar Pear Tree. New York: Thomas Y. Crowell, 1961.

Lonnie lives with his mother and great-grandfather in a house that has to be given up because of a highway project. This book presents a perceptive picture of an old man who needs respect and status, and describes the relationships between generations. (4-5)

Byars, Betsy. After the Goatman. New York: Viking Press, 1974.

Figgy and his grandfather lived in their cabin until urban renewal came. This story shows how an older man reacts controversially when everything he owns is taken away in the name of progress and how his relationship with his grandson changes. (5-6)

Cleaver, Vera. Queen of Hearts. New York: J.B. Lippincott, 1978.

A new relationship develops between twelve-year-old Wilma and her grandmother when Wilma has to stay with her until a permanent housekeeper/companion can be found. (5-6)

Corcoran, Barbara. The Faraway Island. New York: Atheneum, 1977.

While her parents are in Europe, Lynn spends a year on Nantucket Island with her grandmother. She finds herself faced with the problems of her grandmother's age, tough kids at school, and her own shyness and lack of self-confidence. A very strong, positive relationship develops between Lynn and her grandmother. (4-6)

Distad, Audree. The Dream Runner. New York: Harper & Row, 1977.

Sam is told Indian tales by his elderly part-Indian co-worker, Clete. Clete dies and Sam goes to seek an Indian vision. On his journey he meets a retired teacher, Miss Emma. (5-6)

Green, Phyllis. Mildred Murphy, How Does Your Garden Grow? New York: Dell, 1977.

Since all the kids are away for the summer, ten-year-old Mildred Murphy is lonely in her new neighborhood. But Mildred does not mope around for long. Using her telescope, she surveys life on the block. To her surprise, Mildred discovers a mystery. She is sure she has seen an elderly lady in the empty house across the street. As Mildred unravels the mystery, befriends the lady, and shares a secret, she solves her problem of loneliness and learns about friendship. (4-6)

Greene, Constance. The Unmaking of Rabbit. New York: Dell, 1972.

Paul was called "Rabbit" because his ears stuck out. He had no friends, and when he had the chance to make some, he had to pay them by stealing! He wondered if it was worth it. Living with his mother would be better than living with his grandmother, but his mother never seemed to have room for him. A positive antidote to the stereotyped grandmother image. (4-6)

Hanson, June Andrea. Summer of the Stallion. New York: Macmillan, 1979.

Janey's summer vacation is spent at the ranch owned by her father, whom she idolizes. The ranch was a disappointment until she became aware of the stallion. Grandpa wanted him off the ranch, but he needed Janey's help. During the summer Janey begins to reevaluate her feelings about herself and her relationship with her grandfather. In her battle to save the stallion, she moves toward maturity and independence. (4-6)

Hoffine, Lyla. The Eagle Feather Prize. New York: David McKay, 1960.

Billy Youngbear makes choices that deny neither the culture of his ancestors (his beloved grandmother lives in her tepee during the summer) nor the culture of modern life (his father has attended college). (4-6)

Stephens, Mary Jo. Witch of the Cumberlands. Boston: Houghton Mifflin, 1974.

Miss Birdie, the herb and charms lady, becomes the housekeeper for a doctor's family with young children. (4-6)

Unnerstad, Edith. The Journey With Grandmother. New York: Macmillan, 1960.

Anders and his grandmother have several adventures on their journey out in the world to earn money. (5-6)

Yep, Lawrence. Child of the Owl. New York: Harper & Row, 1977.

Casey, a 12-yr-old of mixed ethnic and racial descent, moves in with her grandmother, Paw-Paw, who lives in San Francisco's Chinatown. A well-written and heart-warming story of how young Casey deals with the complexities of mixed cultural influences and the generational conflicts between herself and her elders. (5-6)

Family Living

LeShan, Eda. Grandparents: A Special Kind of Love. New York: Macmillan, 1984.

An exploration of the differences in generations and their impact on families. (5-8)

Social Studies, History, Geography, Ecology

Billington, Elizabeth. Understanding Ecology. New York: Warne, 1971.

This book introduces such concepts as food chains and ecosystems and provides several fascinating accounts of recent projects. (4-7)

Carmen, Carl. The Boy Drummer of Vincennes. New York: Harvey House, 1972.

A narrative poem about a drummer boy during the American Revolution recalls the folk expressions of early American soldiery. Story about George Rogers Clark and the small volunteer company to which he belonged as it marched across the Illinois wetlands in the winter of 1779 to retake Vincennes from the British. (4-7)

Gates, Richard. Conservation. Chicago: Children's Press, 1982.

- A simple but informative introduction to ecology. Can be utilized to teach how the environment changes as it "ages." (1-4)

Miles, Miska. Annie and the Old One. Boston: Little, Brown, 1971.

A beautifully told story of a young Navajo girl living in a hogan on a reservation with her parents and her grandmother. (2-5)

Shanks, Ann Zane. Old is What You Get: Dialogues on Aging by the Old and the Young. New York: Viking Press, 1976.

A collection of comments by both the young and old on such subjects as friends, health, marriage, loneliness, death, fears, money, and work. Provides insights into growing older. (4-6)

Lowenherz, Robert J. Population. Minneapolis, Minn.: Creative Education, 1970.

An introduction to population study with a focus on growth, changing living patterns, locations, and the problems of overpopulation. (4-6)

SECONDARY EDUCATION

Literature/Language Arts

Achebe, Chinua. The Arrow of God. New York: Doubleday, 1967.

In a tale of cultural contrasts, an aged Africa chief priest struggles against changing times and changing religions.

Alcott, Louisa May. Little Women. Boston: Little, Brown, 1868.

Little Women, a popular novel, is largely autobiographical. The March girls are Louisa's own sisters and Jo is Louisa. At the center of the family unit stands the mother, a tough and courageous woman. This novel presents a picture of human endurance, both touching and inspiring. A film was based on the novel.

Barnwell, D. Robinson. Shadow on the Water. New York: David McKay, 1967.

Connie, her sister, and brother experience confusion and frustration during a family breakup. Advice from a grandparent leads to reconciliation and happiness.

Buck, Pearl. The Good Earth. New York: John Day, 1931.

The Good Earth describes the cycle of birth, marriage, and death in a Chinese peasant family. It is a realistic portrayal of Wang Lung's life on the farm, his trip to the city when starvation threatens, and the rest of his life until it is time for him to be claimed by the good earth. A film was based on the novel.

Christie, Agatha. At Bertram's Hotel. New York: Dodd Mead, 1965.

Miss Jane Marple, a detective of sorts, revisits a quiet London hotel which she remembers fondly from her youth. The book not only involves a mystery with little violence, but it provides a good contrast between this era and that of Miss Marple's youth.

Defoe, Daniel. Moll Flanders. In G.A. Starr (Ed.). London: Oxford University Press, 1971.

Moll Flanders, an 18th Century woman, narrates the events of her 72 years, including the time spent in prison during her 60s when she undergoes a spiritual conversion and at the same time finds Jemie, her husband and the great love of her life.

Frost, Robert, "An Old Man's Winter's Night." In An Anthology of American Poetry, A. Kreymborg, (Ed.). New York: Tudor, 1930. Pp. 280-281.

A classic Frost poem that looks at the impact of aging on his life and inevitable death.

Frost, Robert. "The Road Not Taken." In Sightlines, Moore, Flanigan, & Brooks, (Eds.). New York: Holt, Rinehart & Winston, 1969. P. 160.

A look backward at the impact decisions have on a person's life.

Goldman, James. The Lion in Winter. New York: Random House, 1966.

A comedy about the tempestuous relationship between King Henry II of England and his Queen, Eleanor of Aquitaine, as they move through middle-age into old age. Each seeks to control the succession to the throne. The play is set in twelfth century England. A film was based on the play.

Greenfield, Josh and Paul Mazursky. Harry and Tonto. New York: E. P. Dutton, 1974.

A touching story of a 72 year-old man who retains a positive perspective on life while coping with the losses of old age, as he and his cat, Tonto, travel across the country. A film was based on the novel.

Hemingway, Ernest. The Old Man and the Sea. New York: Charles Scribner's Sons, 1961.

The old fisherman demonstrates tenacity, skill, and great courage in this tale of an old man's relationships with a young boy, the sea, and himself. A film was based on the novel.

Hilton, James. Goodbye Mr. Chips. Boston: Atlantic Monthly Press, 1934.

An aged, beloved headmaster recalls his life at an English school. His years of devotion to his pupils are repaid through their honor and respect. A film was based on the novel.

Kawabata, Yosunari. The Sound of the Mountain. New York: Alfred A. Knopf, 1970.

Agata Shingo, age 62, dutifully heads his family while coping with problems of aging. Attitudes toward aging and the status of the aged in Japan are evident throughout the novel.

Kazantzakis, Nikos. Zorba the Greek. New York: Simon & Schuster, 1952.

The central figure in this novel is Zorba, a miner of about sixty, who refuses to let age and approaching death keep him from the celebration of being alive. It is a story of the passion for life which the old man raises in the spirit of a younger man. A film was based on the novel.

Lawrence, Josephine. All the Years of Her Life. New York: Harcourt, Brace, 1972.

This novel presents three middle-aged women faced with problems of aging parents. Eventually the problems are solved reasonably. Timely concerns of ordinary people are treated in an understanding way.

Lawrence, Josephine. The Web of Time. New York: Harcourt, Brace, 1953.

After a man is compelled to retire because of age, he searches for a new job and self-respect.

Miller, Arthur. "Death of a Salesman." In Contact with Drama, D.L. Hay and J.F. Howells, (Eds.). New York: Crowell, 1974.

Willie Loman is the everyman who fights the indignities of growing older in a youth-oriented society. Rather than submit to the world's perception of who he is and what he has become, he commits suicide.

O'Dell, Scott. The Black Pearl. Boston: Houghton Mifflin, 1967.

A great black pearl is secured in a dive by young Roman Salozar in Mexican waters. It seems to be the cause of bad luck, but greed and superstition are responsible as well.

Shakespeare, William. "King Lear" in any collection of the complete works of Shakespeare.

A play about a powerful king who rails against the indignities of dependence and old age.

Thompson, Ernest. On Golden Pond. New York: Dodd Mead, 1979.

A touching story about the resolution of difficulties in a father-daughter relationship. A strong bond develops between grandfather and grandson. A film was based on the novel.

Undset, Sigrid. Kristin Lavransdatter. New York: Alfred A. Knopf, 1935.

This book tells the story of Kristin from happy childhood, to wife and mother, to old age. It is a realistic account of a woman's life, set in the vivid background of medieval Norway.

Family Living, Home Economics

LeShan, Eda. Grandparents: A Special Kind of Love. New York: Macmillan, 1984.

An exploration of the differences in generations and their impact on families. (5-8)

Science, Health

Anderson, Lydia. Death. New York: Watts, 1980.

A straightforward discussion of such topics as life expectancy, euthanasia, and dying. (5-8)

Silverstein, Alvin and Silverstein, Virginia. Aging. New York: Watts, 1979.

An up-to-date, accurate overview of the aging process and its concomitant physical and social changes. (6-9)

Social Studies, History, Economics, Ecology

Stwertka, E. and Stwertka, A. Population, Growth, Change and Impact. New York: Watts, 1981.

A study of population, growth, and decline, and the problems of overpopulation.

GENERAL INSTRUCTIONAL RESOURCES

Beall, Pamela E. (Ed.) Understanding Aging: A Curriculum for Grades K-6. Acton, MA: Acton-Boxborough School District, 1982. Available from Center for Understanding Aging, Framingham State College, Framingham, MA 01701.

The curriculum includes learning activities on aging, developed and field tested by K-6 Acton teachers, which address many of the myths children have about aging and help them develop more realistic and positive views. The activities are appropriate to many subjects, including language arts and social studies. Each includes an overview, required materials, teaching time, handouts, and follow-up discussion questions. The appendices contain a list of intergenerational readings and a glossary on aging.

Betourney, William. Demographics of Aging: Implications for the Future. Acton, MA: Acton-Boxborough School District, 1981. Available from Center for Understanding Aging, Framingham State College, Framingham, MA 01701.

A series of four, successfully field-tested activities enable secondary students to examine the changing age structure of the U.S. population and to consider some implications for the future. Activities include Age/Sex Pyramids, Age Dependency Ratios, Economics of Aging, and Voting Behavior.

Branson, Margaret. "Mapping Global Aging Trends," Journal of Geography, 1983, 82(2), 74-76.

Secondary students analyze a map showing global aging trends. The article includes selected materials on the older population.

California Department of Education. Education About Aging. Sacramento, CA: California Department of Education, 1977.

Compiled as part of a special projects designed to help teachers develop curricula on concepts of aging for children, this bibliography is divided into two sections to help children understand: a) the aging process and b) other people in society.

California State Department of Education. Young and Old Together: A Resource Directory of Intergenerational Programs in California. Sacramento, CA: California State Department of Education, Parent Involvement and Education Project, 1983.

This directory provides information about programs that create a mutually beneficial alliance between senior citizens and youth. It also provides information about program ideas, funding sources, and contact persons involved in the projects. The directory is divided into six sections: school-based intergenerational programs, commu-

nity/agency-based intergenerational programs, employment-based intergenerational programs, child care programs that use senior citizens, resources, and a bibliography.

Capuzzi, Dave (Ed.). "Aging Education: Perspectives and Techniques for School Counselors," School Counselor 1982, 29(4), 263-338.

The article suggests several ways school counselors can introduce aging education to students including information on developmental aspects of aging, student attitudes, counseling techniques, death education, the value of leisure, teaching techniques, and information sources.

Critchell, Mary and Jacki Locker. "Bibliography: For an Intergenerational Approach to Teaching and Learning," Toward the Learning Society: Guide to Help Communities Implement Intergenerational Learning Programs. Ann Arbor, MI: Teaching-Learning Communities, 1979.

Seven sections provide extensive background resources for developing intergenerational experiences. The categories include an anthropological view, the aging process, developing awareness and sensitivity, adult education/adult learning, intergenerational learning/teaching, art and education, and volunteers.

Dodson, Anita E. and Hause, Judith B. Ageism in Literature: An Analysis Kit for Teachers and Librarians. Acton, MA: Acton-Boxborough School District, 1981. Available from: Center for Understanding Aging, Framingham State College. Framingham, MA 01701.

This kit contains two components to help teachers and librarians become aware of the problems of ageism in literature and examines materials currently in use.

Dodson, Anita E. and Hause, Judith B. Realistic Portrayal of Aging: An Annotated Bibliography. Acton, MA: Acton-Boxborough School District, 1981. Available from: Center for Understanding Aging, Framingham State College, Framingham, MA 01701.

An annotated bibliography of selected reading materials for all age levels that presents aging and older persons realistically. The listing is meant as a resource for educators who wish to promote the development of positive attitudes toward aging.

Doyle, R. E. and Pappas, A. A. Math Activities for Teaching about Aging. Acton, MA: Acton-Boxborough School District, 1982. Available from: Center for Understanding Aging, Framingham State College, Framingham, MA 01701.

By participating in these class activities, students will acquire mathematical skills and at the same time learn about aging. Many aging topics are quantitative, and thus, subject to mathematical analysis and procedures. The activities contain teaching suggestions and the required student handouts.

Frost, George. Confrontation: Aging in America. Acton, MA: Acton-Boxborough School District, 1981. Available from: Center for Understanding Aging, Framingham State College, Framingham, MA 01701.

This publication for secondary students has activities that challenge prevailing myths about growing old, provide students with information, and foster more positive attitudes about older people. Students can clarify their values about aging and analyze how these attitudes are transmitted in society. This material offers suggestions for involving older persons who, by their own personalities and behavior, challenge many of the perceptions the students are likely to have of older people.

Kates, Donna. Marriage and Family Life: Vocational Home Economics. Stillwater, OK: Oklahoma State Board of Vocational and Technical Education, 1984. Available from: Curriculum and Instructional Materials Center, Oklahoma State Board of Vocational and Technical Education, 1500 W. Seventh Ave., Stillwater, OK 74074.

These one-semester Home Economics course materials for 11th and 12th grade students provide basic knowledge of family life and adult living, focusing on basic marriage and family skills, life choices, parenthood, and family changes. Discussion guides are provided as are limited bibliographies, unit quizzes, and tests.

Kavanagh, Dennis. (Ed.) Language Arts Activities for Teaching About Aging. Acton, MA: Acton-Boxborough School District, 1982. Available from: Center for Understanding Aging, Framingham State College, Framingham, MA 01701.

This teacher-developed and tested material makes use of subtle aging-related material in language arts. The activities have been field-tested in junior or senior high school classes and have been shown to result in gains in language skills, reduction in stereotypes, increased knowledge concerning aging, and increased respect for classmates opinions regardless of age.

Larrabee, Marva J. "Using Simulations to Foster Understanding of Aging," School Counselor, 1983, 30(4), 261-68.

Provides school counselors with resource materials for use in developing classroom guidance strategies to help students deal with attitudes toward aging. Describes the use of simulation activities and provides guidelines for selection and adaptation of commercial materials. Offers ideas for aging simulations.

McDuffie, Winifred. Intergenerational Understanding Begins Young -- A Bibliography: Intergenerational Approaches in Early Childhood Education and Listing of Films with Intergenerational Themes. Binghamton, NY: NAYEC, 1980.

This collection addresses ageism issues in children's literature; children's attitudes toward aging, and provides rationales and

procedures for the development of aging curricula and intergenerational programming. The films listed are appropriate for staff training and community education for intergenerational activities and program development.

Murphy, Mary Brugger. A Guide to Intergenerational Programs. Washington, DC: National Association of State Units on Aging, 1984.

This directory describes current programs from around the country. It provides information about program developers, resources, and materials helpful for program design. The book is divided into 10 sections; child care; elementary and secondary education; higher education; vulnerable youth; political action and community planning; arts, humanities, and enrichment; home sharing; grandparenting; chore service/employment; and informal and community supports. Each section contains a brief overview, program descriptions, and sources and resources.

Myers, John W. Aging Education for the Junior High/Middle School Years. Knoxville: The Tennessee Board of Public Instruction, 1979.

The units are not intended to be immediately usable in the classroom and require the teacher first to learn something about aging. The units require tailoring to specific classroom situations. It contains units on English, social studies, science, mathematics, and physical education. Each unit provides an introduction to the topic of aging, appropriate objectives, procedures, suggestions for learning activities, and sample evaluation instruments.

Oklahoma State Department of Education. Don't Stop the Music: Unit of Study on Older Americans. Kindergarten through Sixth Grade. Oklahoma City, OK: Oklahoma State Department of Education, 1982.

This guide provides background information and learning activities to help teachers provide learning experiences for elementary students regarding older Americans and the aging process. The first section contains a facts-on-aging quiz and discusses facts and myths about older citizens. Examined are feelings and attitudes, family relationships, time, leisure, education, work, transportation, health, and money. The other section contains learning activities. Students may read and discuss books, interview older people, role play, or participate in pen pal, genealogy, and art projects.

Pratt, Fran. Education for Aging: A Teacher's Sourcebook. Acton, MA: Teaching and Learning About Aging, 1981. Available from: Center for Understanding Aging, Framingham State College, Framingham, MA 01701.

Each chapter contains a list of footnotes as well as recommended books and articles for further study. In addition, an annotated bibliography lists general references, curriculum materials, audiovisual materials, and organizations involved in intergenerational programs.

Sadoff, Eugene. Plus Education for Aging: A Literature Approach to the Teaching about Aging for Grades K-3. Trenton, NJ: Trenton Public Schools, 1982. Available from: Trenton Public Schools, 108 N. Clinton Ave., Trenton, NJ 08609.

This guide provides K-3 teachers with activities to sensitize students to the needs and concerns of older adults and permits them to develop more positive attitudes toward the aging process. There are four major sections, each devoted to one grade level. Activities are specific for social studies, math, science, language arts, and art courses.

Smith, Gary R. Teaching About Aging. Denver, CO: Denver Center for Teaching International Relations, 1978, Pp. 59-63. Available from: Center for Teaching International Relations, University of Denver, Denver, CO 80208.

This general bibliography provides background information that supports the cognitive, affective, and skills objectives covered in classroom activities for students grades 6-12.

Smith, Gary R. Teaching About Aging: Environmental Education Series. Denver, CO: Center for Teaching International Relations, 1978. Available from: Center for Teaching International Relations, University of Denver, Denver, CO 80208.

This teaching guide on aging presents 18 activities for secondary students. Its primary objective is for students to examine/evaluate personal and cultural views of aging in the United States and other societies.

Stamstad, Mary. Clearinghouse on Intergenerational Programs and Issues: Resource Guide. Madison, WI: RSVP of Dane County, 1981.

This collection of books, magazines, journals, conference reports, unpublished papers, newsletters, newspaper articles, pamphlets, booklets, and media is divided into four categories: intergenerational, aging curriculum for schools, handbooks and resources for school aging programs, and attitudes on aging. A quarterly newsletter, "Intergenerational Clearinghouse News on Programs and Issues," provides updated information on programs.

Ulin, Richard. Teaching and Learning About Aging. Washington, D.C.: National Education Association, 1982. Available from: NEA Professional Library, P. O. Box 509, West Haven, CT 06516.

This booklet is intended to be a discussion document for teachers concerned with specialized interests in aging. The seven chapters range from an overview of aging, to children's perspectives on aging, to recent curricular developments.

Ventura-Merkel, Catherine and Elaine Parks. Intergenerational Programs: A Catalogue of Profiles. Washington, DC: The National Council on the Aging, 1984.

This catalogue has more than 90 profiles of intergenerational programs that demonstrate distinct ideas or strategies that have potential for replication. Each profile includes information on program sponsor, area served, a description, funding sources, and information about materials published by the program. The profiles cover arts and humanities, education, health services, recreation, research, and planning.

Wisconsin State Dept. of Public Instruction. Intergenerational Programs in Wisconsin Schools Madison, 1983. This booklet was a joint project of the Wisconsin Department of Public Instruction, the Wisconsin Office on Aging, and the University of Wisconsin at Madison, Community Education Center. Report No. WSDPI-Bull-3236.

Existing intergenerational programs in Wisconsin schools are described in this booklet along with ideas and resources to encourage greater school and community involvement in such efforts. The booklet is divided into three major sections: 1) a summary of the major facts on aging, 2) description of eight exemplary programs in Wisconsin schools which incorporate aging into the curriculum and promote contact and understanding between the generations, and 3) a list of available resources. The appendix contains references to numerous Wisconsin resources on aging and a 52-item bibliography of books, teaching materials, articles, films, and other media.

AUDIO-VISUAL MATERIALS*

Aging: A State of Mind.

This slide program explores the current position of America's fastest growing age group: people over 65. It increases awareness of the growing power and influence of older Americans and suggests how society will change to accommodate an older population. Free discussion materials provided.

15 min. color. No. 16791. American Council of Life Insurance
Slides and Sound Cassette.

As Young As Your Feet.

This film stresses the importance of good foot health for older Americans. It presents two entertaining case histories of elderly people, Harry and Mary, who find that healthy feet keep them active and enjoying life. It outlines the importance of podiatric care, not only for personal comfort but also for the detection of other ailments that can threaten the body's overall health.

9 min. color. Available in 16mm and 1/2 inch VHS. No. 16350.

Because Somebody Cares.

This film shows several dramatizations and actual accounts of volunteers, young and old, as they visit older persons who are homebound or in nursing homes. What is amazing about these characters -- the isolated as well as the volunteers -- is their spirit, their coping abilities, the gifts they give and receive.

27 minutes. 16mm Video Cassette. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

Breaking 100.

Based on the popular book by the same title, this videotaped film-strip depicts the lives and thoughts of four of the more than 13,000 Americans over 100 years old; it celebrates the resiliency of these hardy survivors.

28 minutes. Video: VHS or 3/4". Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

* Unless otherwise noted, audiovisual materials are free and are available from the main division of Modern Talking Picture Service, Inc., 5000 Park St. North, St. Petersburg, FL 33709, (813)541-5763.

Cheating Death.

This videotape examines a new direction in genetic research -- isolating and rendering ineffective the hormones and/or genes that cause old age and death. Through interviews with scientists, philosophers, and "people on the street," the social, religious, and economic implications of staying young or living forever are closely, and at times humorously, examined.

29 minutes. VHS or 3/4". Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

Close Harmony.

Realizing, as a senior center chorus director in Brooklyn, how isolated some older people are and later, as a school music teacher, seeing what little contact children have with older people, Arlene Symons plans a joint concert with the two groups.

During three months of rehearsals at two locations, singers prepare for the joint concert. For those interested, a pen pal program is set up, letters exchanged, and relationships formed.

When joint rehearsals are held, old and young share activities and lunches, as well as music. The film ends with an intergenerational concert, with singers aged nine to ninety.

27 minutes, color. Available in 1/2 inch VHS; 16mm. Video. Available from: Learning Corporation of America, 1360 Avenue of the Americas, New York, NY 10019, (212) 307-0202. Rental/purchase.

Everything Must Change.

This film is an affirmation of the imagination, skill, and passion of older people. It documents how an ensemble of actors from Boston, all past the age of 60, collaborates with a theater professional to create and tour in a play, and how this process is interwoven into their lives. Through a process of self-exploration and by using tools of theater craft, the ensemble develops a powerful means of sharing feelings, experiences, and dreams.

30 minutes. Video Cassette. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

A Family Decision.

A Family Decision focuses on the potential trauma of placing an elderly family member in a nursing home. Complex emotions collide with rational thought. Guilt and anger mix with love and concern. Families discuss the experiences and feelings involved in the decision-making process.

25 min. Video Cassette only. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

A Gift for All Seasons.

Set in the Christmas season, this film tells of an older toystore owner who is isolated from social contact and lacking in Christmas spirit. When tragedy strikes his business, he turns to the Salvation Army for love and understanding. He finds new meaning in his life and realizes the Salvation Army is there to help all year through. Discussion materials provided.

28 min. color. Available in 16mm, 3/4 inch videocassette and 1/2 inch VHS. No. 11957. The Salvation Army.

Growing Up -- Growing Older. Three films, 15 min. each. 16mm No. 20125

More Than A Memory.

Young viewers are taken back to the 1920s to see that many of their childhood experiences were shared by today's older people when they themselves were children "way back then."

The Gift of Time.

The film shows how the feelings and needs of the old and young are often similar and dramatizes the willingness of older people -- especially when teamed with youngsters -- to give their time, apply their know-how, and solve problems.

To Find A Friend.

The series comes full circle as personal contact draws the generations together -- across more than six decades. Friendships are made and remade, to the pleasure of all.

A-Hundred-and-Two Mature: The Art of Harry Lieberman.

In this documentary, Harry Lieberman, at 102, shares his art, philosophy, and love for life. The film describes his transformation from businessman to artist who, in his old age, is "living on top of the world." It shows the connections between Lieberman's art and his life -- his paintings celebrate Jewish life and Talmudic lore -- and reveals him as a man of wit and wisdom.

28 minutes. 16mm or Video Cassette. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

Luther Metke at 94.

In his eighties, he began writing poetry for his grand-children. At 85, while caring for his wife, he singlehandedly constructed an impressive two-story home. And now in his nineties, Luther is shown completing a unique hexagonal log cabin that he designed. Incorporating his poetry, portions of his past, his reflections on life, and his interactions with family, neighbors and society, Luther Metke at 94 documents a man at peace with himself and actively involved with the world around him.

27 minutes. 16mm or Video Cassette. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

My Mother, My Father.

This documentary takes a look at four families and their deep and often conflicting feelings as they deal with the stresses and changes involved in caring for an aging parent. My Mother, My Father does not provide easy answers. Rather, it offers insight into the need for families to make individual decisions about caregiving. And it elicits a better understanding of and support for individuals and families involved in caregiving.

33 min. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

Old Enough To Care presented by Agency for Instructional Technology. Available in 3/4 inch U-matic, 1/2 inch VHS and Beta I, each film 15 minutes. Teacher's guide.

Alterations

Buried Treasures

Third Wind

Taking Stock

Paper Slippers

Hello/Goodbye

These films compassionately tell the story of four people -- two old and two young -- struggling to come to terms with growing old and growing up. The friendships formed and the problems confronted will sensitize viewers to the issues of aging and help them draw parallels to their own life experiences.

Options -- Dental Health in The Later Years.

Dental disease, with its depressing consequences, does not have to be passively accepted as an inevitable result of aging. This film discusses the outcomes of dental neglect and focuses on prevention of periodontal disease through daily personal care, diet, and proper nutrition. Free discussion materials provided.

17 min., color. Available in 16mm and 1/2 inch VHS. No. 12836.

Plan For Retirement.

Planning often makes the difference between a retirement that is disappointing and one that is rewarding. This slide/tape presentation illustrates how two couples, one younger and one older, set goals, examine financial resources, and anticipate future needs. A stimulating discussion starter that will help viewers organize their retirement plans. Free discussion materials provided.

30 minutes, color. No. 22373. American Council of Life Insurance.

Prime Time Series Presented by The Sears-Roebuck Foundation

Coping With Change.

The person who understands and accepts change -- in personal relationships or otherwise -- is more likely to grow old with less stress than is the inflexible person. This powerful documentary demonstrates that coping, more than passive acceptance, implies recognizing change, putting the past in its place, and working for the future while living today. Free discussion materials provided.

28 minutes, color. Available in 16mm and 1/2 inch VHS. No. 20923.

Learning To Enjoy.

In a society that stresses "all work and no play makes Jack a dull boy," a person entering retirement may find that a perpetual vacation is no fun. However, as this enlightening program shows, aspects of living, other than working, can be both enjoyable and rewarding. It's up to the individual to find new interests, new activities and new outlets for creativity.

28 minutes, color. Available in 16mm and 1/2 inch VHS. No. 20924.

Inner Strengths.

There is no universal formula for survival, but hardy individuals may have some things in common. This presentation explores the personal philosophies of various individuals and shows how these philosophies contribute to strengths for survival as derived from a variety of sources.

28 minutes, color. Available in 16mm and 1/2 inch VHS. No. 20925.

Interdependent Relationships.

Portraying older persons in a wide variety of locations and circumstances, this revealing feature shows that working, supportive, and caring relationships play a crucial part in the lives of most people, especially in later years. It shows audiences that opportunities for making new contacts always exist, though some may involve risk-taking.

28 minutes, color. Available in 16mm and 1/2 inch VHS. No. 20926.

Silver Linings.

Life for senior citizens presents increasing problems. One senior citizens group cuts through some of these obstacles by participating in social and community affairs. The film focuses on a few members of the group whose lives were altered and enriched by their service involvement. Free discussion materials provided.

28 minutes, color. Available in 16mm, 3/4 inch videocassette and 1/2 inch VHS. No. 31624. The Salvation Army.

Smiles.

This film describes the theory and methods of the Adult's Health and Developmental Program at the University of Maryland where college students are trained to work one-on-one with the older adult to improve health (with an emphasis on physical well-being) and health knowledge. Modified play, recreation, and sport are activities for improving the quality of life, happiness, and life satisfaction of the older adult-member. The atmosphere is one of joy, allowing opportunity for mutual counseling and learning.

29 minutes. 16mm film only. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

Softfire.

This film portrays an elderly widow nearing her death at home where she is cared for by home health care providers. Softfire shows the dignity, courage, and warmth of frail older persons when they are treated as sensitive human beings rather than objects of "management care."

18 minutes. 16mm, VHS, 3/4", Video Cassette. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Ave., Chicago, IL 60643, (312) 881-8491.

Source of Strength.

Ethnic heritage is a source of strength, activity and consolation. This videotape takes a sensitive look at four older individuals as they reflect on the meaning their Jewish ethnic and religious roots has for them in their later years.

29 minutes. Video Cassette only. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

Take A Stand.

This film shows what can happen when an advocate encourages an elderly victim of a violent crime to overcome his or her fear of testifying in court. The film dramatically documents a case, starting with the crime, then following it all through the legal process to the judge's final verdict. Take A Stand also breaks down stereotypes about aging. The older person in this film becomes a model of courage, strength, and human dignity for those who have been victimized.

25 minutes. 16mm or Video Cassette. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

Water From Another Time.

This skillfully paced film is about three older individuals whose artistry and way of life reveal their values and history, their wisdom and inner peace. A respectful tribute to the contributions of older people to ongoing life.

29 min. 16mm or Video Cassette. Available for purchase or rental from: Terra Nova Films, 9848 S. Winchester Avenue, Chicago, IL 60643, (312) 881-8491.

You and Your Aging Parents.

Dr. T. Franklin Williams, Director of the National Institute on Aging, punctures some of the myths of aging and describes stresses associated with growing old. He addresses the challenges of the "sandwich generation" -- those middle-aged people caught between raising their own children and caring for aging parents. Supplemental booklets present scientific findings on aging and offer suggestions for coping.

60 minutes, color. Available only in 3/4" videocassette, No. 17764, and 1/2" VHS. No. 17765.

You're in Control: Older Americans and The Law.

This program dramatizes major legal problems faced by the elderly and discusses the importance of early planning to avoid problems and the steps to take when problems do arise. The program emphasizes that senior citizens can be in control and that they can make the legal system work for them. Free discussion materials provided.

20 minutes, color. Available in 16mm, 3/4 inch videocassette and 1/2 inch VHS. No. 18269. American Bar Association.

ACADEMIC TRAINING IN AGING FOR FLORIDA EDUCATORS

INSTRUCTIONAL FILMS*

GENERATIONS TOGETHER

This film illustrates the techniques of good communication skills as essential to any communication dynamic, intergenerational or otherwise. It deals with the importance of positive, nonbiased attitudes as an absolute requisite to successful communication. It points out the value of stressing similarities across generations and the development of empathy between age groups.

7 minutes, color, 1/2 VHS.

IMAGES

This film punctures some of the myths long associated with aging and describes its new realities. Viewers are offered some perspectives of the changes that have occurred for older people over the last 30 years.

Older people are now healthier, better educated, more secure financially, and more influential politically. The film suggests that acquainting ourselves with the truths of later life will improve the quality of life for all age groups.

6 minutes, color, 1/2 VHS.

OVERVIEW OF ATAFE

This film describes the theory and methods of the Academic Training in Aging for Florida Educators (ATAFE) Program at the University of South Florida where beginning teachers are trained to introduce perspectives on aging and older adults (with an emphasis on the development of greater understanding of and more positive attitudes toward aging). The atmosphere is one of exciting opportunity for intergenerational sharing and learning.

5 minutes, color, 1/2 VHS.

* Films are available for purchase or rental from: ATAFE, Center for Applied Gerontology, SOC 107, University of South Florida, Tampa, Florida, 33620-8100 (813) 974-2345.

TEACHING AGING

"Teaching Aging" deals with the importance of integrating aging into the curriculum at elementary and secondary levels as a means of correcting negative age stereotyping early in life.

The film illustrates subtle methods of introducing positive concepts of aging as a normal, productive, and acceptable development of life. It suggests approaches to introducing aging through the hidden curriculum into various content areas and encourages the expansion of this concept based on particular learning needs.

8 minutes, color, 1/2 VHS.

VOLUNTEERS

The involvement of older volunteers in the classroom is discussed as an important key to making aging visible to children. By presenting a positive role model of aging, these older volunteers help dispel the negativity, ignorance, and fears surrounding our views of aging which begin during childhood.

As this enlightening program illustrates, volunteering is both enjoyable and rewarding for the volunteer, and warmly welcomed by teachers. The film illustrates a few of the many ways in which volunteers assist teachers -- including tutoring, small group discussion, special focus/experiential presentations, and other forms of intergenerational sharing.

The multiple benefits for teachers, students, volunteers, and the educational institution are portrayed in "Volunteers."

8 minutes, color, 1/2 VHS.

INSTRUCTIONAL AIDS

Appendix B

INSTRUCTIONAL AIDS

Academic Training in Aging for Florida Educators Project

ATAFE

Center for Applied Gerontology
Human Resources Institute
University of South Florida

1

Palmore's Facts on Aging Quiz

- (1) T F The majority of old people (past age 65) are senile (i.e., defective memory, disoriented, or demented).
- (2) T F All five senses tend to decline in old age.
- (3) T F Most old people have no interest in, or capacity for, sexual relations.
- (4) T F Lung capacity tends to decline in old age.
- (5) T F The majority of old people feel miserable most of the time.
- (6) T F Physical strength tends to decline in old age.
- (7) T F At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.).
- (8) T F Aged drivers have fewer accidents per person than drivers under age 65.
- (9) T F Most older workers cannot work as effectively as younger workers.
- (10) T F About 80% of the aged are healthy enough to carry out their normal activities.
- (11) T F Most old people are set in their ways and unable to change.
- (12) T F Old people usually take longer to learn something new.
- (13) T F It is almost impossible for most old people to learn new things.
- (14) T F The reaction time of most old people tends to be slower than reaction time of younger people.
- (15) T F In general, most old people are pretty much alike.
- (16) T F The majority of old people are rarely bored.
- (17) T F The majority of old people are socially isolated and lonely.
- (18) T F Older workers have fewer accidents than younger workers.
- (19) T F Over 15% of the U.S. population are now age 65 or over.
- (20) T F Most medical practitioners tend to give low priority to the aged.
- (21) T F The majority of older people have incomes below the poverty level (as defined by the Federal Government).
- (22) T F The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).
- (23) T F Older people tend to become more religious as they age.
- (24) T F The majority of old people are rarely irritated or angry.
- (25) T F The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.

Palmore, E. B. Facts on Aging - Short Quiz
Gerontologist, 1977, 17 (4), 315-320.

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the Gerontologist

PALMORE'S FACTS ON AGING QUIZ II

- (1) T F A person's height tends to decline in old age.
- (2) T F More older persons (over 65) have chronic illnesses that limit their activity than younger persons.
- (3) T F Older persons have more acute (short-term) illnesses than persons under 65.
- (4) T F Older persons have more injuries in the home than persons under 65.
- (5) T F Older workers have less absenteeism than younger workers.
- (6) T F The life expectancy of Blacks at age 65 is about the same as Whites.
- (7) T F The life expectancy of men at age 65 is about the same as women's.
- (8) T F Medicare pays over half of the medical expenses for the aged.
- (9) T F Social Security benefits automatically increase with inflation.
- (10) T F Supplemental Security Income guarantees a minimum income for needy aged.
- (11) T F The aged do not get their proportionate share (about 11%) of the nation's income.
- (12) T F The aged have higher rates of criminal victimization than persons under 65.
- (13) T F The aged are more fearful of crime than are persons under 65.
- (14) T F The aged are the most law abiding of all adult groups according to statistics
- (15) T F There are two widows for each widower among the aged.
- (16) T F More of the aged vote than any other age group.
- (17) T F There are proportionately more older persons in public office than in the total population.
- (18) T F The proportion of blacks among the aged is growing.
- (19) T F Participation in voluntary organizations (churches and clubs) tends to decline among the healthy aged.
- (20) T F The majority of aged live alone.
- (21) T F About 1% more of the aged have incomes below the official poverty level than the rest of the population.
- (22) T F The rate of poverty among aged Blacks is about 3 times as high as among aged Whites.
- (23) T F Older persons who reduce their activity tend to be happier than those who remain active.
- (24) T F When the last child leaves home, the majority of parents have serious problems adjusting to their "empty nest."
- (25) T F The proportion widowed is decreasing among the aged.

Palmore, E. B. The Facts on Aging Quiz: Part Two.

Gerontologist, 1981, 21 (4), 431-437

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the Gerontologist.

ACADEMIC TRAINING IN AGING FOR FLORIDA EDUCATORS

CENTER FOR APPLIED GERONTOLOGY
University of South Florida
Tampa, Florida 33620

COMMUNICATING WITH OLDER PERSONS

Self-Check: Beliefs about Aging

Directions

In the columns on the right, check True or False for each of the following items. After you have completed the items, on the back of the paper, list the arguments you would use to defend your responses. You might consider the following arguments others have used: (1) nobody really knows; (2) systematic research has shown; (3) everybody knows; (4) I know a person like that; (5) they're all that way; (6) it's the law; (7) authorities say so; (8) he/she is an exception to the rule.

1. Old people get sick and die, not because they are old and worn out but because there are diseases that science does not yet know how to cure. Many apparently age-related deficiencies in memory and physical functioning may be caused by social isolation and neglect, or by a failure to apply the same kind of diagnostic and remedial knowledge to the aged as is applied to the young.
2. A natural concomitant of old age is the tendency to maintain old values and resist new ideas.
3. Old people often withdraw by pretending to be deaf.
4. A part of old age is overconcern with bodily functions, irritability, and a lack of interest in people and things. There's nothing much to be done about this besides understanding it for what it is.
5. You cannot expect old people to develop new skills or get involved in learning new things. After all, intelligence, like other functions, naturally declines with age.
6. Most old people are not interested in the kinds of marital relationships that are of common concern to young people.
7. There is no reason to believe that old people need careful supervision because they are more likely to display behaviors that are socially undesirable.
8. It is better to avoid talk about old age with people who are old.
9. By the time an individual reaches old age, he has generally accepted its inevitability and has suitably adjusted his attitudes, values, and behaviors.

OPINIONS ABOUT PEOPLE

How to Answer

The statements you are going to read are opinions. Anyone could agree with some of them, and object to some of the others. The question is which are the opinions with which you agree or disagree, as the case may be.

Please indicate your own judgment about each idea expressed by circling some number between 1 and 9 on the Answer Sheet. The low numbers 1, 2, 3 and 4 mean some degree of agreement, and the high numbers 6, 7, 8 and 9 mean some degree of disagreement. Five then means that you have no opinion one way or another. In other words you "measure" your opinion like the temperature on a gauge that looks like this:

<-----AGREE-----> ? <-----DISAGREE----->
strongly a little a little strongly
1. 1 2 3 4 5 6 7 8 9

A bit confusing? Perhaps a few examples will help:

"Life is a bowl of cherries." You think that would be nice, but it just is not quite true. So you may want to circle "6".

"Men are taller than women." If you think that this is quite true you would indicate it by circling perhaps "2".

"The man of 2500 will be much happier than man at the present time." If you feel you have no way of answering that one, you will have to circle "5". We think however that you will not have to use the fence-sitting "5" too often.

Remember please: One, and only one number between 1 and 9 should be circled on the Answer Sheet for each sentence in the Schedule. Do not stop to think too long about the statements. All that is wanted is your first reaction.

Ontario Department of Social & Family Services
Office on Aging, Homes for the Aged Branch
Queen's Park, Toronto 102, Ontario

In co-operation with Ontario Welfare Council, Section on Aging.

OPINIONS ABOUT PEOPLE

1. Some people stay young at heart no matter how long they live.
2. Things are getting better for most people these days.
3. You have to be old yourself to enjoy the stories old people like to tell.
4. Residences for retired persons should always work out their programs and routines with the old people concerned.
5. The best neighborhoods are those where young families intermingle with retired people.
6. You can't expect other people to take care of you when you no longer can take care of yourself.
7. No one who is retired and over 70 should be allowed to drive a car.
8. The older people get, the more they think only of themselves.
9. You're further ahead if you always assume that everybody is out for Number One.
10. Most times I feel relaxed in the company of elderly people.
11. Old age is O.K. for those who are financially independent.
12. There is no point in talking about personal matters with people who are much older or much younger than yourself.
13. You can't cope with things the way you used to if you live to a ripe old age.
14. Retired people are happiest in the company of people who are their own age.
15. Anyone could keep young if he only tried.
16. People in high offices aren't really interested in the troubles of the average person.
17. You're likely to get bogged down if you let elderly people help you with your projects.
18. No matter what the community can do it is up to the children to see that their aging parents have every comfort.
19. I cannot help feeling depressed at the thought of getting old.

20. You can't expect old people to exert themselves.
21. On the whole, people's chances in life are getting worse and not better.
22. When you retire you realize that the best years of life are yet to come.
23. You'll never get old if you don't let yourself go.
24. It is rather sad to be still alive after all your friends are gone.
25. Old age pensioners have a right to be taken care of in a dignified way even if younger people must contribute to make this possible.
26. By and large, young people don't care about anyone but themselves.
27. The future is so uncertain that there is little point in thinking of planning ahead.
28. People who spend all they make cannot expect much when they are no longer earning a living.
29. All community organizations should have some older persons on their boards.
30. It must be quite a shock to look in the mirror and find that you are showing signs of aging.
31. One shouldn't try to involve elderly people in things, all they really want is some peace and comfort.
32. Relatives who were close to the parents in former years rightly expect the children to care about their well-being if they live a very long life.

OPINIONS ABOUT PEOPLE

<-----AGREE-----> ? <-----DISAGREE----->
 strongly a little a little strongly

	1	2	3	4	5	6	7	8	9
1	1	2	3	4	5	6	7	8	9
2	1	2	3	4	5	6	7	8	9
3	1	2	3	4	5	6	7	8	9
4	1	2	3	4	5	6	7	8	9
5	1	2	3	4	5	6	7	8	9
6	1	2	3	4	5	6	7	8	9
7	1	2	3	4	5	6	7	8	9
8	1	2	3	4	5	6	7	8	9

<-----AGREE-----> ? <-----DISAGREE----->
 strongly a little a little strongly

	1	2	3	4	5	6	7	8	9
9	1	2	3	4	5	6	7	8	9
10	1	2	3	4	5	6	7	8	9
11	1	2	3	4	5	6	7	8	9
12	1	2	3	4	5	6	7	8	9
13	1	2	3	4	5	6	7	8	9
14	1	2	3	4	5	6	7	8	9
15	1	2	3	4	5	6	7	8	9
16	1	2	3	4	5	6	7	8	9

ATTITUDE 1

Item Ans X Wgt =

6	3
11	3
12	2
13	3
14	2
28	3
Total	

ATTITUDE 2

Item Ans X Wgt =

15	1
22	1
23	1
Total	

ATTITUDE 3

Item Ans X Wgt =

19	4
24	3
27	2
30	4
Total	

<-----AGREE-----> ? <-----DISAGREE----->
 strongly a little a little strongly

ATTITUDE 4

	1	2	3	4	5	6	7	8	9
17	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
18	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
19	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
20	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
21	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
22	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
23	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
24	=====	=====	=====	=====	=====	=====	=====	=====	=====

Item Ans X Wgt =

8	5
12	2
13	2
14	2
17	4
30	2
31	2
Total	_____

<-----AGREE-----> ? <-----DISAGREE----->
 strongly a little a little strongly

ATTITUDE 5

	1	2	3	4	5	6	7	8	9
25	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
26	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
27	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
28	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
29	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
30	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
31	=====	=====	=====	=====	=====	=====	=====	=====	=====
	1	2	3	4	5	6	7	8	9
32	=====	=====	=====	=====	=====	=====	=====	=====	=====

Item Ans X Wgt =

10	4
18	7
27	4
32	7
Total	_____

ATTITUDE 6

6	1
14	1
17	1
21	1
25	8
29	5

Total _____

ATTITUDE 7

Item Ans X Wgt =

7	4
14	2
20	2
29	1

Total _____

Charts of Attitude Scales

The LOWER the score, the MORE so.

<u>ATTITUDE 1</u>		<u>ATTITUDE 2</u>		<u>ATTITUDE 3</u>	
<u>SCALE</u>	<u>Realistic Toughness Toward Aging</u>	<u>SCALE</u>	<u>Denial of Effects on Aging</u>	<u>SCALE</u>	<u>Anxiety About Aging</u>
144	NO	27	NO	117	NO
-----	OR	-----	OR	-----	OR
112	LITTLE	21	LITTLE	91	LITTLE
-----		-----		-----	
80	UNCERTAIN	15	UNCERTAIN	65	UNCERTAIN
-----		-----		-----	
48	SOME	9	SOME	39	SOME
-----	OR	-----	OR	-----	OR
16	MUCH TOUGHNESS CYNICISM	3	STRONG DENIAL	13	MUCH ANXIETY

<u>ATTITUDE 4</u>	
<u>SCALE</u>	<u>Social Distance To The Old</u>
171	NO
-----	OR
133	LITTLE

95	UNCERTAIN

57	SOME
-----	OR
19	GREAT DISTANCE

<u>ATTITUDE 5</u>	
<u>SCALE</u>	<u>Family Responsibility Toward Aged Parents</u>
198	STRONGLY AGAINST
-----	OR
154	AGAINST

110	UNCERTAIN

66	FOR
-----	OR
22	STRONGLY FOR FAMILY RESPONSIBILITY

<u>ATTITUDE 6</u>	
<u>SCALE</u>	<u>PUBLIC RESPONSIBILITY VERSUS CONCERN</u>
153	NO CONCERN
-----	OR
119	LITTLE CONCERN

85	UNCERTAIN

51	FOR
-----	OR
17	STRONGLY FOR PUBLIC RESPONSIBILITY

<u>ATTITUDE 7</u>	
<u>SCALE</u>	<u>UNFAVORABLE STEREOTYPE VERSUS ACCEPTANCE</u>
81	NO STEREOTYPE ACCEPTANCE
-----	OR
63	SOME ACCEPTANCE

45	UNCERTAIN

27	SOME CONTEMPT
-----	OR
9	STRONG STEREOTYPE (CONTEMPT)

BRIEF SUMMARY OF ATTITUDE INTERPRETATIONS

Attitude 1: Realistic toughness (verging on cynicism) toward aging.

To hold a tough, almost cynical, attitude toward aging (as indicated by low scores), a person would strongly believe that old people cannot depend on anyone but themselves to face the tribulations of old age and that financial independence is the best protection from hardship.

Persons serving the aged and who display a tough, cynical attitude may tend to look down on the old person as one who cannot look after himself, hasn't prepared for his future, and might make him feel guilty for using the taxpayers' money, for taking up their time, for not expressing gratitude.

Attitude 2: Denial of the effects of aging

To strongly deny the effects of aging (as indicated by low scores) would be to refuse to admit that changes do take place, for most people, with aging, for example, in eyesight, hearing, and speed of movement.

Persons caring for the aged and who strongly deny the effects of aging may tend to have too high expectations of the older person and expect him to act beyond his capabilities. On the other hand, those who accept the changes that come with aging may overreact in the opposite direction and not involve the older person in any activities or decision-making. Both would be detrimental to the well-being of the older person.

Attitude 3: Anxiety about aging

To have much anxiety about aging (as indicated by the low scores) reveals that the person equates old age with problems, with loss of functioning capacity, with loss of ability to look after oneself, with the belief that most old people are institutionalized.

Persons caring for the aged and who are very anxious about aging may feel guilty about their anxiety and their negative feelings about old age and may be artificial in their relations with old people.

Attitude 4: Social distance to the old

Much social distance (as indicated by the low scores) denotes the belief that the old and the young cannot communicate and therefore there is no understanding between the generations.

Persons caring for the aged who display great social distance will tend to dislike and distrust old people.

Attitude 5: Family responsibility toward aged parents

Strongly for family responsibility (as indicated by the low scores) implies the belief that the responsibility for the care of the aged rests primarily with the family--the family must look after the older members whatever the cost to family harmony, whatever their income, housing, health, or other responsibilities.

Person caring for the aged who are strongly for family responsibility may make the family feel guilty for not caring for their own and placing their parent in an institution.

Attitude 6: Public responsibility for the rights and well-being of the aged versus unconcern for the aged as a group.

Strongly for public responsibility (as indicated by the low scores) is to recognize that services should be available for the aged should they require them, eg., home help, medical care, transportation, etc.; that the aged should not be economically or socially deprived because of their age.

Persons caring for the aged and who are strongly for public responsibility may overrate their role and discount that of the family in the life of the older person. They may consider the family as a nuisance or ignore it entirely.

Attitude 7: Unfavorable stereotype of the old (as inferior) versus acceptance of the old as equals.

Acceptance of the old (as indicated by the high scores) means to accept the individual differences that exist among old people--differences in socio-economic background, experience, health, etc., and should not expect that activities which may be appropriate for one older person's life style be appropriate for all.

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Children's Attitudes Toward Older People

Instructions: Circle the number that best describes elderly people:

1 Very Strong	2 Somewhat	3 Slightly Strong	4 In-between	5 Slightly Weak	6 Somewhat	7 Very Weak
1 Very Sad	2 Somewhat	3 Slightly Sad	4 In-between	5 Slightly Happy	6 Somewhat Happy	7 Very Happy
1 Very Interesting	2 Somewhat	3 Slightly Interesting	4 In-between	5 Slightly Boring	6 Somewhat	7 Very Boring
1 Very Kind	2 Somewhat	3 Slightly Kind	4 In-between	5 Slightly Unkind	6 Somewhat	7 Very Unkind
1 Very Unfriendly	2 Somewhat	3 Slightly Unfriendly	4 In-between	5 Slightly Friendly	6 Somewhat	7 Very Friendly
1 Very Sick	2 Somewhat	3 Slightly Sick	4 In-between	5 Slightly Healthy	6 Somewhat	7 Very Healthy
1 Very Wise	2 Somewhat	3 Slightly Wise	4 In-between	5 Slightly Ignorant	6 Somewhat	7 Very Ignorant
1 Very Disliked	2 Somewhat	3 Slightly Disliked	4 In-between	5 Slightly Liked	6 Somewhat	7 Very Liked
1 Very Secure	2 Somewhat	3 Slightly Secure	4 In-between	5 Slightly Insecure	6 Somewhat	7 Very Insecure
1 Very Unintelligent	2 Somewhat	3 Slightly Unintelligent	4 In-between	5 Slightly Intelligent	6 Somewhat	7 Very Intelligent
1 Very Active	2 Somewhat	3 Slightly Active	4 In-between	5 Slightly Inactive	6 Somewhat	7 Very Inactive
1 Very Helpless	2 Somewhat	3 Slightly Helpless	4 In-between	5 Slightly Independent	6 Somewhat	7 Very Independent

For use with Children
from six to twelve years of age.

Developed by
Academic Training in Aging For Florida Educators
(ATAFE)

ACADEMIC TRAINING IN AGING FOR FLORIDA EDUCATORS

CENTER FOR APPLIED GERONTOLOGY
UNIVERSITY OF SOUTH FLORIDA
Tampa, Florida 33620

Test on Aging

Choose the best answer to each question and circle the appropriate letter.

1. Which of the following is LEAST likely to happen to people as they grow old?
 - a) Their hair turns gray.
 - b) Their skin becomes wrinkled.
 - c) They develop vision problems.
 - d) They become much less interested in sex.

2. In terms of length of life, how do women and men compare?
 - a) Generally men live longer, especially if they grew up in rural areas or retired early in life.
 - b) Generally men live longer except in time of war or during periods of rapid social change.
 - c) Generally women live longer except where female infanticide is practiced or rates of death are high for women giving birth.
 - d) Generally men and women have about the same length of life.

3. What determines how people change physically as they grow older?
 - I. Genetic background
 - II. Personal habits (Diet, Exercise, etc.)
 - III. Environmental factors
 - a) I only
 - b) II only
 - c) I and II only
 - d) I, II, and III

4. For most people, the process of physical decline begins between
 - a) ages 30 and 40
 - b) ages 40 and 50
 - c) ages 50 and 60
 - d) ages 60 and 70

5. What is generally true of people's health as they grow older?
- a) They are more likely to have acute illness (such as sore throats or ear infections).
 - b) They are more likely to have chronic illness (such as permanent heart or lung conditions).
 - c) They are more likely to have both acute illness and chronic illness.
 - d) There is no relationship between age and type of illness.
6. What usually happens to people's memory as they grow older?
- a) Long-term memory improves, but short-term memory declines somewhat.
 - b) Short-term memory improves, but long-term memory declines somewhat.
 - c) Both short and long-term memory decline slightly, stabilize, and then remain constant.
 - d) All memory functions decline with age.
7. What does current research indicate about the development of personality?
- a) Personality development occurs until early childhood.
 - b) Personality development occurs until adolescence.
 - c) Personality development occurs until middle age.
 - d) Personality development continues throughout life.
8. According to current population trends, what will happen to the average age of the American population between now and the year 2030?
- a) The average age will decline sharply.
 - b) The average age will decline slightly.
 - c) The average age will stay about the same.
 - d) The average age will increase.
9. Which of the following factors best explains why the average length of life has increased in the twentieth century?
- a) Historically, people died at younger ages from diseases that modern medicine has overcome.
 - b) Labor-saving machines have reduced stress thus prolonging life.
 - c) The natural process of evolution has produced people with longer life spans.
 - d) Life support systems keep many elderly people alive who would have died in former times.

10. How does aging affect sexual interest and behavior of most people?

- a) Although men maintain sexual interest as they grow old, women quickly lose interest after menopause.
- b) Although both men and women maintain sexual interest as they age, women are generally more sexually active than men are.
- c) As they grow old, both men and women maintain the same level of sexual interest and behavior as they did in earlier years.
- d) As they grow old, both men and women maintain sexual interest with some change in sexual performance and behavior.

11. The suicide rate for elderly people is

- a) Lower than the rate for other age groups.
- b) Lower than the rate for adolescents and young adults, but higher than the rate for middle-aged people.
- c) Lower than the rate for middle aged people, but higher than the rate for adolescents and young adults.
- d) Higher than the rate for any other age group.

12. Approximately, what is the average age of Americans today?

- a) 20
- b) 30
- c) 40
- d) 50

13. What is the branch of medicine that deals with illnesses of old age?

- a) Gerontology
- b) Geriatrics
- c) Gerontocracy
- d) Geropathology

14. Which of the following statements about senility is true?

- a) Most elderly people eventually become senile.
- b) There are several diseases caused by different factors that produce symptoms known as senility.
- c) Senility is a progressive disease that cannot be treated.
- d) Senility can be recognized when a person's memory functions decline.

15. On the average, American babies born today can be expected to live about
- a) 55 years
 - b) 60 years
 - c) 65 years
 - d) 75 years
16. What is the technical term that refers to the last stage of life in a normal life span?
- a) Senility
 - b) Senescence
 - c) Disengagement
 - d) Divergence
17. Which of these best describes the field of gerontology?
- a) The study of problems created for society by the elderly population.
 - b) The study of physical ailments that come with old age.
 - c) The study of biological, social and psychological processes of aging.
 - d) The study of statistics that relate to birth, deaths and life expectancy.
18. Which statement correctly describes life expectancy for non-white Americans?
- a) On the average, non-white Americans have shorter lives than white Americans.
 - b) On the average, non-white Americans have longer lives than white Americans.
 - c) Average length of life is about the same length of life as non-whites of other countries.
19. Based on statistics all of the following may contribute to a long life EXCEPT
- a) Marriage
 - b) Moderate use of alcohol
 - c) At least ten hours of sleep daily
 - d) Work in a non-stressful occupation
20. Of Americans over age 65, about what proportion are over age 75?
- a) 40 percent
 - b) 30 percent
 - c) 20 percent
 - d) 10 percent

Based on materials developed through
the Center for Understanding Aging

ACADEMIC TRAINING IN AGING FOR FLORIDA EDUCATORS

CENTER FOR APPLIED GERONTOLOGY
UNIVERSITY OF SOUTH FLORIDA
Tampa, Florida 33620

Test 2 on Aging

Choose the best answer to each question and circle the appropriate letter.

1. Most Americans who are over age 65 live in
 - a) Nursing homes or other institutions.
 - b) The households of their adult sons or daughters.
 - c) Government supported housing for the elderly.
 - d) Their own homes or apartments.

2. From which source do most Americans over age 65 receive most of their income?
 - a) Wages and salaries
 - b) Social Security and pensions
 - c) Interest on savings and investments
 - d) Welfare or public assistance

3. Where do most Americans over age 65 live?
 - a) In cities
 - b) In suburban towns
 - c) In rural villages
 - d) On farms

4. What percentage of the U.S. Population today is made up of people age 65 or over?
 - a) 6
 - b) 10
 - c) 12
 - d) 18

5. Since 1900, the proportion of Americans age 65 or over has
 - a) Declined slightly.
 - b) Increased slightly.
 - c) Increased dramatically.
 - d) Stayed about the same.

6. According to current population trends, what will happen to the average age of the American population between now and 2030?
 - a) The average age will decline sharply.
 - b) The average age will decline slightly.
 - c) The average age will stay about the same.
 - d) The average age will increase.

7. Describe the income of most Americans age 65 or over?
 - a) Most elderly Americans have incomes below the Federal Government's "poverty level".
 - b) Most elderly Americans have incomes within the "poverty" or "near poverty" levels set by the Federal Government.
 - c) Most elderly Americans have incomes above the "poverty" and "near poverty" levels set by the Federal Government.
 - d) Most elderly Americans have higher incomes than the average income of young and middle-aged adults.

8. What has been the pattern of birth rate in the United States through the nineteenth and twentieth centuries?
 - a) The birth rate has declined through most of the nineteenth and twentieth centuries.
 - b) The birth rate has increased through most of the nineteenth and twentieth centuries.
 - c) The birth rate increased throughout the nineteenth century, but declined in the twentieth century.
 - d) The birth rate declined throughout the nineteenth century, but increased in the twentieth century.

9. What is happening to the proportion of people over age 65 in populations of the world?
 - a) The proportion over age 65 is increasing in highly developed countries but declining in developing countries.
 - b) The proportion over age 65 is declining in highly developed countries, but increasing in developing countries.
 - c) The proportion over age 65 is increasing in almost all countries.
 - d) The proportion over age 65 is remaining about the same in most countries.

10. Who receives Social Security retirement benefits?
 - a) Only elderly people who need economic assistance.
 - b) Retired workers who paid into Social Security and their spouses.
 - c) Only widows and children of deceased workers who paid into Social Security.
 - d) All elderly people regardless of need.

11. How is Social Security financed?

- I. Through a special tax or "contribution" paid by workers.
- II. Through a special tax or "contribution" paid by employers.
- III. Through general revenues paid by all taxpayers.

- a) I only
- b) II only
- c) I and II only
- d) I, II, and III

12. What will happen to Social Security costs between now and 2000?

- a) Social Security costs will decline as more workers pay into it.
- b) Social Security costs will rise as more new benefits are added.
- c) Social Security costs will decline as more people are covered by private retirement plans.
- d) Regardless of what happens to benefits, Social Security costs will rise.

13. What percent of American women, who marry and remain married, eventually become widows?

- a) 75 percent
- b) 50 percent
- c) 25 percent
- d) 10 percent

14. Approximately, what was the average age of Americans in 1985?

- a) 20
- b) 30
- c) 40
- d) 50

15. On the average, babies born in 1985 can expect to live

- a) 55 years.
- b) 60 years.
- c) 65 years.
- d) 75 years.

16. Which statement best describes the average life expectancy for non-white Americans?

- a) Non-whites have a shorter life expectancy than whites.
- b) Non-whites have a longer life expectancy than whites.
- c) Life expectancy is about the same for non-whites and whites.
- d) Non-white Americans have about the same life expectancy as non-whites of other countries.

17. What does "Ageism" mean?
- a) Being prejudiced and discriminating on the basis of age.
 - b) Advocating special programs for the elderly.
 - c) Showing special respect and consideration for the elderly.
 - d) The growing proportion of elderly people in society.
18. In which type of society do older people have the highest status and most prestige?
- a) A primitive society in which traditional ways are followed.
 - b) A society in which there is rapid social and economic change.
 - c) A wealthy society which can afford to spend large sums on programs and services for the elderly.
 - d) A society with a rapidly rising proportion of older people.
19. Of Americans over age 65, about what proportion are over age 75?
- a) 40 percent
 - b) 30 percent
 - c) 20 percent
 - d) 10 percent
20. To what age does current law protect adult Americans from job discrimination in hiring, firing and promotions?
- a) There is no law preventing age discrimination in employment.
 - b) Age discrimination in most jobs is illegal after age 50.
 - c) Age discrimination in most jobs is illegal up to age 70.
 - d) All age discrimination in employment is illegal.
21. Which statement most accurately describes the political behavior of older Americans compared to other age groups?
- a) Older people are less likely to identify with either major political party than are younger people.
 - b) The elderly vote more frequently than other age groups.
 - c) Older people vote as a bloc on economic and political issues.
 - d) Older people support conservative positions economic and political issues.
22. In 1985, approximately what percent of older Americans had completed high school?
- a) Less than 25 percent.
 - b) Less than 50 percent.
 - c) More than 50 percent.
 - d) About 75 percent.

23. How have retirement patterns changed in the U.S. since 1900?

- a) In 1900 most workers were able to retire, but the high cost of living today prevents most people from retiring.
- b) In 1900 poor health caused most workers to retire, but today workers are in better health and thus can continue working.
- c) Most Americans today can and do retire, whereas most workers in 1900 could not and did not retire.
- d) There has been little or no change in retirement patterns since 1900.

24. In 1900, the average life expectancy for Americans was between

- a) 60 and 65.
- b) 55 and 60.
- c) 50 and 55.
- d) 45 and 50.

25. When was Social Security established in the United States?

- a) During World War I.
- b) During the Great Depression of the 1930's.
- c) During World War II.
- d) After World War II.

Based on material developed through
the Center for Understanding Aging

TEST ANSWERS

PALMORE FACTS ON AGING QUIZ #I

- | | |
|-----------|-----------|
| 1. False | 14. True |
| 2. True | 15. False |
| 3. False | 16. True |
| 4. True | 17. False |
| 5. False | 18. True |
| 6. True | 19. False |
| 7. False | 20. True |
| 8. True | 21. False |
| 9. False | 22. True |
| 10. True | 23. False |
| 11. False | 24. True |
| 12. True | 25. False |
| 13. False | |

PALMORE FACTS ON AGING QUIZ #II

- | | |
|-----------|-----------|
| 1. True | 14. True |
| 2. True | 15. False |
| 3. False | 16. False |
| 4. False | 17. True |
| 5. True | 18. True |
| 6. True | 19. False |
| 7. False | 20. False |
| 8. False | 21. True |
| 9. True | 22. True |
| 10. True | 23. False |
| 11. False | 24. False |
| 12. False | 25. False |
| 13. True | |

ATAFE TEST ON AGING

- | | |
|-------|-------|
| 1. D | 14. B |
| 2. C | 15. D |
| 3. D | 16. B |
| 4. A | 17. C |
| 5. B | 18. A |
| 6. A | 19. C |
| 7. D | 20. A |
| 8. D | |
| 9. A | |
| 10. D | |
| 11. B | |
| 12. B | |
| 13. B | |

ATAFE TEST #2

- | | |
|-------|-------|
| 1. D | 14. B |
| 2. B | 15. D |
| 3. B | 16. A |
| 4. C | 17. A |
| 5. C | 18. A |
| 6. D | 19. A |
| 7. C | 20. D |
| 8. A | 21. B |
| 9. C | 22. B |
| 10. B | 23. C |
| 11. C | 24. D |
| 12. D | 25. B |
| 13. A | |

COMMUNICATING WITH OLDER PEOPLE

- | | |
|----------|----------|
| 1. True | 6. False |
| 2. False | 7. True |
| 3. True | 8. False |
| 4. False | 9. False |
| 5. False | |

AS CHILDREN SEE OLD FOLKS

By Kathy Serock, Carol Seefeldt, Richard K. Jantz, and Alice Galper
College of Education, University of Maryland, College Park

It's a fact, we live in a world where it's better to be young than to be old. To adults in our society, being old is being tired, unproductive, mentally slower, grouchy, withdrawn, in the least happy or fortunate time of life, as D.G. McTavish found ("Perceptions of Old People: A Review of Research, Methodologies, and Findings," *The Gerontologist*, Winter 1971, Part II).

But how do children feel about growing old in a society where people stay 39 for years and years? Do they reflect our society's attitudes toward the elderly and aging? Do they know old people? How do they feel about growing old themselves?

These questions are important because more and more people in the United States are living past 65 years of age. By the year 2000, more than 12 percent of our population may be over 64 years old. Today's children themselves will grow old. If these children are to live fully, each day of their lives, they must be able to recognize what is good about aging and to respect and love others who may be older than they.

To find out how children feel about aging and the elderly, we asked 180 children, 20 at each age level between the ages of three and 11, how they felt about growing old, what they felt about growing old, what they knew of older people, and how they interacted with people who were older than they. We believe the information gained from talking to these children could be useful to educators and to people planning curriculum. (Our study was funded by a grant from the American Association of Retired Persons and the National Retired Teachers' Association.)

As it turned out, children at all age levels had limited knowledge of old people. They just didn't know many older people. Only 39 of the 180 children were able to name an older person they knew outside of the family unit.

Perhaps because children had so little contact with older people, they expressed a lot of stereotypes about the old: "They're all wrinkled and short," "They have gray hair," "They don't go out much," "They chew funny," "Old people sit all day and watch TV in their rocking chairs," and "They have heart attacks and die."

There is probably an elderly person somewhere who sits and rocks all day watching TV, but to these children, all older people are passive, unattractive, and unproductive. Children saw old people as a homogeneous group with no diversity of interests, activities, or lifestyles.

When we asked children how they felt about growing old themselves, their answers were straightforward. They simply did not want to do it. Yes, there were a few children—two or three—who said, "Well, that's just the way it is," "There's nothing you can do about it," or "It's the way God made us." Another few said, "Gee, if I were old then I could have a house," or a car or something else. But these comments accounted for only 11 percent of all responses children gave to the question. The other 89 percent responded negatively: "Oh no, not me!" "I don't want to get old," "That's awful, being old is terrible," "It's ugly!"

Anyone who thinks that old age has no meaning for young children is greatly mistaken. These children knew what old age is and knew with certainty that they didn't want to grow old. We asked them why. The most frequent responses were that if they were old, death would soon follow and that life would hold few pleasures for them.

We thought it was important to find out how children interacted with older people, what things they thought older people could do for them and with them, and what things they thought they could do for older people. Once again, the responses seemed to stereotype older people as a group of passive, inactive, uninteresting persons.

Quite frequently children would say, "Well, we could go to visit Grandpa and play checkers or watch TV," "We could go to church with them," or "Play cards." It's not that going to church, playing cards, or watching TV are bad in themselves, but they are typical of the unrelieved passivity the children attributed to older people.

Children thought of themselves as taking care of older people. "We could get them their slippers," "Take them to the doctor or to church," and yes, they even said they could "bury them." At the same time, the children believed that older people could help them: They could "help me with my homework," "read to me," or "teach me things."

There were a few exceptional responses that usually reflected something very specific to the child's background: "I can help him sail his boat" or "We can ride his horse."

In order to be sure the children knew what we were talking about when we asked them about old and young people, we showed them a picture of a 20-year-old man and one of an 80-year-old. These pictures were drawn by an artist to control for all variables except that of age. Children were asked which of these men they would want to be with and what they could do with that man.

The majority of the children picked the younger man, saying they could "go to the park," "play games," or "have fun with him." Some of the older children, those in the fifth and sixth grades, selected the older man on the grounds that they could help him.

Although children expressed the idea that the elderly are passive people who are not much fun to be with, they also expressed deep affection for older people. They evidently feel negatively about the physical and behavioral characteristics of age, but feel warm affection toward older people. The children described older people as "rich, friendly, wonderful, and good," but at the same time as "sick, ugly, and sad." The children said they loved their grandparents; they just didn't ever want to be like them!

Children who lived in different settings answered questions a bit differently. Those who lived in a rural area or on a farm gave responses that suggested they considered older people somewhat more active than did those who lived in the suburbs or urban areas. Children in the rural areas more frequently said things like "I could help him carry firewood" or "We can do chores together."

Boys and girls, Blacks and Whites, and children of various socioeconomic backgrounds responded the same way to the same questions. Like location, however, the children's ages influenced how they saw aging and the elderly.

The youngest children were the ones who expressed the most negative feelings about old people and growing old. The probability of kindergarten children giving a negative comment about aging and the elderly was .92; of sixth graders, only .35.

Although the youngest children seemed to know that they didn't want to grow old themselves, their answers to other questions showed that they had little understanding of age concepts. For instance, younger children had great difficulty estimating the ages of the drawings of four men at ages 20, 40, 60, and 80. Few preschoolers said any of these men were older than 10. Children over the age of five, however, were able to identify the picture of the 80-year-old man as the oldest. Forty percent of the kindergarten children were able to correctly order the pictures from the youngest to the oldest. From the first grade on, children could do this with little difficulty.

It became apparent that children of different ages had different levels of understanding of the concept of age. On the basis of Piagetian ideas of children's time concepts, we decided to present

the children with the statement "Your grandmother grows older every day." We weren't really interested in their agreement or disagreement with the statement, but in the reasons they gave for the answer. We wanted to know whether children look on aging as a continuous process. When a child responded, "Yes, because she eats a lot" or "No, because she's stopped having birthdays," we could tell that he or she had not reached the understanding that aging is a continuous process.

We also wanted to know whether children associate age differences with birth order, as Piaget has predicted. When a child said that he or she could catch up in years to someone five years older, that child was obviously not at the same level of conceptual understanding as a child who answered that it would be impossible to catch up to someone who was born before he or she was.

Piaget and others have suggested that children associate size or height with age and that age is not viewed as a continuum in its own right. The child who was certain that her mother and grandmother were the same age because they were both big and the same size had not mastered the concept. These answers and the answers to similar questions suggested that children's concepts of age do follow a definite developmental sequence and that the level of understanding increases as children themselves increase in age. The experiences children have in school contribute to the formation of their attitudes. Educators can help improve children's attitudes toward aging and the elderly in two ways. First, they can examine the ways in which they and the school are influencing those attitudes.

How often do teachers say, "I can't do that, I'm too old" or giggle when asked their age? Teachers can examine the materials of the school—books, filmstrips, all of the things that provide models for children—to see that they do not present the elderly as a stereotyped group. If they do, teachers can take the second type of action—challenging the stereotypes.

One way to challenge stereotypes of the elderly is to provide children with accurate information. Involving older people as volunteers in the classroom on a continual regular basis lets children see for themselves that it is diversity rather than similarity that characterizes the elderly.

Members of the Foster Grandparents program, the Retired Senior Volunteer Program, and other organized groups of older people are ready and eager to work with children. Once children see older people who are active, involved, creative, and fulfilled, they will no longer be able to stereotype the elderly.

EDUCATIONAL GAMES and SIMULATIONS

Educational games and simulations are an excellent technique that can aid in students' cognitive and affective learning. Simulations have been long-recognized for their motivational value, but their real value may be in the affective domain. This is true simply because the greater the students' active involvement in the learning process, the greater the opportunity for attitudinal change. And, in terms of a group activity, games are fun.

Although there are many commercial games available, none seemed to offer game players sufficient opportunities 1) to learn how commonly held stereotypes affect behavior and 2) to develop more positive views of aging. Thus, "When I am Old" and "Everybody Knows" were developed.

"When I am Old" and "Everybody Knows" are role-playing games. The role-playing model was selected because, in most cases, only a few plays (i.e., two or three) are needed to achieve the objectives because of this model's reliance on negative stimuli. "Everybody Knows" is effective because of most players' dislike of being told what to do, hushed up, or ignored because of their "age."

Both games offer flexibility in 1) the time required for play and 2) the scope of the issues to be addressed in a single game. Neither simulation requires a significant number of props and those that are needed can be easily obtained or made, thus keeping costs to a minimum.

"When I am Old" was intended primarily for use at the elementary level. However, with only a small amount of modification, it can be effective at the middle or even the junior high school level. "Everybody Knows" was intended for use with adults but has worked equally well with high school students. Please feel free to modify either game to make it more workable for your group.

Game Management Suggestions

Facilitating a simulation for the first time can be a harrowing experience. The following suggestions may be useful:

1. Ignore a player's the minor mistakes.
2. Don't offer players a better strategy.
3. Provide a simple, concise explanation of the game's purposes, rules, and materials.
4. Ignore players' elaboration or alteration of the rules.
5. Don't keep perfect order. Gaming is fun and noisy.
6. Encourage discussion, even of points that seem to be irrelevant. They often become relevant.
7. Encourage players physical, emotional, and intellectual involvement in the game. The greater the involvement in a game, the greater the potential for learning.
8. Remember, the game's designers haven't planned for every contingency.
9. Admit to any lack of knowledge about a game's operation.
10. Consider simulations as a serious form of education (Char-tier, 1974).

FACILITATOR GUIDE: "EVERYBODY KNOWS"

Overview

An essential step in promoting the development of more positive attitudes toward aging is to recognize the extent to which myths and stereotypes influence our behavior. Through "Everybody Knows" participants can experience what it might be like to be ignored or abilities discounted simply because of one's age.

Objectives

At the conclusion of the exercise, participants will:

1. Have greater empathy for older persons who have minimal physical problems, but are otherwise healthy, effective, and interesting adults.
2. Describe three common myths and stereotypes about aging and older people.
3. Cite three ways a person's behavior is influenced by these myths and stereotypes.
4. Recognize how myths about aging are reinforced.

Materials

The materials have been kept to a minimum but there must be a sufficient number for 1/4 of the participants.

1. Four different colored symbols/dots (file folder codes, file labels, or markers).
2. Name tags for all participants and apply colored symbol to each tag.

Time Required

Since "Everybody Knows" can be conducted simultaneously with other instructional activities, an ideal time-frame is an entire day or five class periods.

EVERYBODY KNOWS: A SIMULATION EXERCISE

Handout

An essential step in promoting the development of more positive attitudes toward aging is to recognize the extent to which myths and stereotypes influence our behavior. Thus, to facilitate the development a greater understanding of and empathy toward aging, we will participate in an exercise.

First, each of you are to think of yourselves as older -- 75 would be an ideal age. "That's old, but not too old!" You are in good health. With glasses, your eyesight is quite good. Your hearing has not declined noticeably in the past 25 years. Mentally, you feel as sharp as ever.

Each person participating in the exercise has received a **COLORED SYMBOL**. The color indicates how other people in the exercise will see/perceive you and how they will behave toward you.

Now find someone who has a **LIGHT BLUE** symbol. You are expected to behave toward that person as though he or she is **DEAF**. This means you talk somewhat more slowly and loudly than you would normally. You should also make such comments as "Did you hear me?" or "Did you catch that?"

Now locate someone wearing an **ORANGE** symbol. You should behave toward this person as though he or she were **VISUALLY IMPAIRED** or has difficulty seeing but is not totally blind. This means you might take a menu out of their hands and read it for them or you might rearrange things around them to make it easier for them to manage. You should

also speak more loudly than you do normally, since "everybody knows" that if you are almost blind, you also are hard-of-hearing.

Persons with **NAVY BLUE** symbols should be treated as though they are **FRAIL** or in very poor health. You might think of them as having had a stroke or just recovering from a heart attack. You may cut their food, feed them, help them out of chairs or to walk. You will also explain things to them very carefully and very precisely, but in very simple terms.

People wearing the **GREEN** symbols should be considered forgetful or **CONFUSED**. Conversations can be in the most simple of terms. Directions should be phrased as if talking to a small child. Since "everybody knows," someone who is confused cannot make even simple decisions, such as what to eat for lunch, you will have to make all the decisions.

~~Remember~~, although people will behave as though you are deaf, you are not. Nor are you visually impaired, physically frail, or confused. As a matter of fact, if anyone would like, you may tell the others in the exercise that you are not deaf or confused and do not wish to be treated as such.

The way we behave toward people must be based on their symbol's color, not on our observations. Behavior toward all the people in a category need not be the same, nor is it necessary for us to be consistent or equitable.

As a reminder, for this exercise the light blue symbols mean **DEAFNESS**; orange mean **VISUAL IMPAIRMENTS**; navy blue, **PHYSICAL FRAILITY**; and green, **CONFUSION**.

FACILITATOR GUIDE: WHEN I AM OLD

Overview

Through a series of simulation activities students experience a blend of the varied physical changes -- both losses and gains -- that may accompany aging.

Some students recreate physical changes that may develop in old age. These include visual and hearing decrements and mobility limitations. Other students experience aging as vital, active retirees.

Follow-up discussion emphasizes that while physical problems do affect some older people, the type and degree of impairment varies considerably from one individual to another. Discussion also affirms that a significant portion of older people who followed good health habits throughout life usually enjoy a vital, active old age.

Objectives

At the conclusion of this stimulation, students will:

1. Have greater empathy for both well and frail elders.
2. Recognize that physical problems often associated with old age may not be caused by aging but by diseases.
3. Cite ways in which good mental and physical health habits contribute to a healthy later life.
4. Explain how older people can minimize the effects of aging by accommodating for these changes.
5. Describe three common activities/past-times of a) healthy older people and b) frail older people.

Materials

The quantities should be sufficient for 1/3 of students.

1. Strips (3" X 6") of semi-transparent or semi-opaque yellow plastic with a small hole punched in each corner through which to pass the yarn. Waxed paper may be used if plastic not available.

2. Ear muffs or head scarfs and large cotton balls.
3. Wooden popsicle sticks.
4. Masking tape and twine or yarn.
5. One large, mutli-colored poster or chart.

Estimated Teaching Time: 2 class periods

Day 1

Divide the class into three groups to participate in simulation exercises.

1. Place strips of yellow plastic over the eyes and tie in place behind head of students in Group I. Tape the borders with tape if students are receiving too much light.
2. After turning the classroom lights to low or off if there are windows, ask students to do some/all the following exercises:
 - a. Walk down a narrow, zigzagging aisle created by lining desks up in an odd configuration. Students must do this quickly but without touching the desks.
 - b. Find phone numbers for three designated names in a telephone directory.
 - c. Identify the colors on a multi-colored poster.
3. Place ear muffs or 4 to 5 cotton balls, held in place by head scarfs, over the ears of students in Group II.
4. Ask these students to perform the following exercises:
 - a. Stand with your back to the students and quietly read a list of familiar words for the students to write. Say each word only once and avoid enunciating too clearly.
 - b. In pairs, have one student stand behind the other and read sentences and have the second student repeat the sentence.
5. Ask the students in Group III whether they are left- or righthanded. To simulate arthritis, tape two fingers of the dominant hand into a bent position, or tape two fingers together and splint with popsicle sticks.

6. Ask these students to quickly:
 - a. Buckle a shoe, or pick up a small object.
 - b. Write their name or words you assign.
7. When the students have completed the exercises, discuss their experiences, what it felt like to have visual, hearing or mobility problems and how each affects daily living.

Day 2

8. Remind the students that the simulation exercises were meant to give them some insight into the physical changes that frequently occur as we age.
9. Emphasize the following:
 - a. Although all five senses decline with age, visual and hearing impairments and mobility limitations can occur at any age and do not necessarily have to limit life style.
 - b. Stress that most older people enjoy good health and that people, even in their 80s or 90s have acceptable eyesight, hearing, and mobility.
10. Now repeat some/all the performance tasks for simulation with the following changes:
 - a. Visual Impairment (#1 and 2). Return lighting to normal levels, and increase light as necessary.
 - b. Hearing Impairment (#3 and 4). Face the students and repeat the list of words they are to write. Say each word clearly and repeat as necessary. Repeat #4b. with students facing each other.
 - c. Mobility Limitation (#6)*. Allow students greater time to perform tasks 6 a and 6 b.

***NOTE:** Some students may not be able to perform these tasks even with additional time. These situations can provide examples to explain how each person accommodates to change.

Provide the following information about the physical changes simulated in the activities:

1. **Vision:** As people grow older the lens of the eye yellows, which may make it more difficult to distinguish between colors.

Cataracts may grow over the eye causing vision to become blurry. In most cases cataracts can be removed and clear vision can be restored through lens implants or through the use of contact lenses or with glasses.

2. **Hearing:** As people grow older, hearing becomes less efficient. The major hearing impairment is the decreased ability to hear sounds of high frequency. Hearing aids can often help people to overcome problems of hearing.
3. **Mobility:** Although reduced mobility can be caused by many things, one common cause is arthritis. Although many young or middle-aged people have arthritis, it is more common among older people.
4. Ask students to think of specific ways in which these limitations might affect daily life if people are unable to adapt to them.
5. Emphasize that physical change is a process that occurs throughout the life span. Emphasize also that these limitations are not restricted to old age nor are they "typical" among older people. Take time to reinforce this concept using the following:
 - a. Some people have achieved their greatest success in their 60s 70s, 80s, and 90s. (Excellent examples include George Burns, Benjamin Franklin, Picasso and Grandma Moses.)
 - b. People age differently and each of us has "many ages" of which chronological age is the least important. By comparing people to automobiles, it is possible to point out factors such as mileage and maintenance are usually more important than the year the car was built.
 - c. The individual process of aging is influenced by the interplay of a person's genetic history, environmental factors and lifestyle. Thus, each of us has considerable influence over his or her personal aging.

Northside Tribune

Saturday April 18, 1987

A SECTION OF THE TAMPA TRIBUNE

Seniors get to pass on knowledge

By TERRI FOSTER
Tribune Staff Writer

TAMPA — Armed with potting soil, paper cups and radish seeds, 70-year-old Amy Hale recently made her teaching debut in front of 21 first-graders at Riverhills Elementary School.

A few weeks and many appearances in front of the class later, Hale gets rave reviews from the 6- and 7-year-olds, who each just took home a small green radish sprout.

"I thought she was great," said Becky Scheidt, 7. "She teaches us a lot about arts and sciences."

Six-year-old Darcie Gaudreau said, "You can tell she likes boys and girls a lot because her face always smiles."

Hale is one of the success stories in the Academic Training in Aging for Florida Educators program, sponsored by the University of South Florida College of Education.

The federally funded, pilot project pairs volunteers over age 60 with USF student-teachers in classrooms throughout Hillsborough, Pasco and Pinellas counties. The two come up with ways for the volunteer to spend nine hours with the children teaching and tutoring them during the semester interns teach.

About 500 interns and volunteers participated in the program that this year was a requirement for USF education graduates.

Project director Halaine-Sherin Briggs said its purpose is to dispel myths about aging and to improve the attitudes of both teachers and students toward the elderly.

"By age 7, children have highly negative views about aging," Briggs said. "They're anxious about it. They don't want to get old and they don't want people around them to get old."

"We're trying to teach them that 85 percent of older people are well, self-sufficient and can contribute something to society."

Briggs said reports on the program indicate that in many cases, those goals were achieved. About 20 percent of the volunteers would like to continue working in the schools, she said, even though at this point continued funding for the ATAFE program is uncertain.

Sandi Haldane, supervising teacher of the class where Hale taught, said her initial hesitations about the program were quickly dismissed.

"When she walks through the door they just all smile," Haldane said. "She's really mesmerized them. She brings a lot of joy into them and I know that they do for her."



Volunteer Amy Hale supervises first-grader Brandy Lanier's handmade Easter

Tribune photograph by BONNIE JO MOUN-
card during a recent class at Riverhill E-
mentary School.

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Teach

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Haldane said the children haven't quit talking about the day Hale gave the children a history lesson by telling them what it was like to grow up in Kentucky during the early 1900s.

"They remember the things she's taught them," Haldane said. "I like to listen to her stories, too."

Melynn Carter, the 21-year-old USF intern paired with Hale, said her attitude toward older people

has changed.

"I've always had respect for older people but it's deepened," Carter said. "I've learned a lot from her. The kids have found out that an older person can be fun. They treat her like she's one of the gang."

She said her only problem with the program was that it further crowded an already full schedule of activities for student interns and Briggs said that was an often-made comment.

"It's already a stressful time for interns," Briggs said. "Introducing this into the teacher-training curric-

ulum is difficult because it's a very tight curriculum." She said it's been suggested that the older volunteers work in the classroom either earlier in the student's training or later, with first-year teachers.

But whether or not the ATAFE program continues and in whatever form, Amy Hale plans to continue working with students at Riverhills Elementary School.

"I'm attached to the children," Hale said. "Some of them say to me, 'I wish I had a grandmother like you. Your feelings just go out to those little ones in need of some special attention.'"

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Elderly volunteers enter classroom in USF project

By LISA DEMER
Tribune Staff Writer

Teacher Gail Reynolds admits she was skeptical when she heard about a new program to erase negative attitudes about the elderly.

The University of South Florida project places senior citizen volunteers in classrooms and requires student teachers to undergo instruction on aging.

"It is supposed to close the generation gap, but it sounded like forced chemistry," said Reynolds, a Zephyrhills High School English teacher.

But after experiencing the project, Reynolds' doubts evaporated.

"We're thrilled with it," she said. Student teacher Margaret Parrott, who is spending this semester in Reynolds' classroom, said the program is designed to "eradicate the concept that youth and only youth is important."

Through the program, volunteer Mary Lutgen of Land O' Lakes last week taught Reynolds' 12th-graders about old-time radio. Lutgen led workshops in which students wrote and performed their own radio shows — everything from mysteries to soap operas to news, sports and weather.

In a satiric "news" spot, senior Sen. Phil announced that "Rea-

gan has resigned the presidency. He wants to resume his acting career."

The project — being piloted this year with USF student teachers in Pasco, Hillsborough and Pinellas counties — is the brainchild of Haine-Sherin Briggs of the college's gerontology department.

Briggs hopes all teachers in Florida will be required to participate in the program — called Academic Training in Aging for Education — before becoming certified.

In this early stage, the program badly needs elderly volunteers, said Briggs, the program director.

"Aging is not a traditional subject addressed in most schools. By age 5 to 7, most children already have developed a quite negative attitude toward aging, she said.

They often view the elderly as frail and unable to participate in life, she said. As they age, that attitude can become a self-fulfilling prophecy limiting their activity.

Their knowledge and the fact they are active convey a positive image about the elderly, Briggs said.

Student teachers in the program get training on aging, and learn ways to promote healthy attitudes about growing older.

Older people interested in volunteering can call the program at the university at 974-3468 or the Pasco School District at 996-3600.



Mary Lutgen advises Dee Williams, left, and Dawn Cato in a University of South Florida teaching program.

Tribune photo by PAM HICK

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**GLOSSARY
SUGGESTED READINGS**

Appendix C

GLOSSARY SUGGESTED READINGS

Academic Training in Aging for Florida Educators Project

ATAFE

Center for Applied Gerontology
Human Resources Institute
University of South Florida

GLOSSARY

Age Discrimination: Acting with prejudice against particular persons or groups because of their age, also referred to as "ageism."

Age Distribution: The proportions of people within a population by age.

Age Grade: A stage of your cultural and social life cycle shared by people of approximately the same age.

Ageism: Discrimination against people on the basis of age.

Aging: The process of growing older which begins at maturity.

Alzheimer's Disease: A degenerative disease that affects memory, motor skills, personality, and intelligence. It is progressive and fatal. The cause is not known and there is no known cure at present.

Ancestor: One from whom a person is descended.

Assets: Property or things of value, such as savings, real estate and investments.

Automation: The use of automatically operated machines to perform work, thus greatly reducing the need for human labor.

Bias: Prejudice for or against.

Birthrate: The number of births per thousand people per year.

Calendar Age: Age according to the calendar and not related to role.

Campaign: An organized effort by people working toward a common goal.

Career: A job or profession a person performs for a number of years.

Caricature: A representation, such as a cartoon, that exaggerates certain features.

Centenarian: A person whose age is 100 or more.

Cohort: Those people who share a common characteristic such as all those born in a certain year or set of years.

Compromise: An agreement that partially meets the desires or demands of opposing individuals or groups.

Culture: A way of life.

Death Rate: The number of deaths per thousand people per year.

Demography: The study of population and population trends.

Dependency Ratio: The ratio of people who are mainly producers of goods and services to people who are mainly consumers of goods and services.

Discrimination: To distinguish or differentiate; however, "discrimination" is often used to mean behavior based on bias or prejudice.

Dissent: Opposition or disagreement.

Elder: In general, an old person; but in many cultures, a person who has power because of advanced age.

Expenditure: Money paid out or spent.

Genealogy: The study of your family; the creation of a "family tree."

Genetics: The branch of biology that deals with heredity and how hereditary characteristics are transmitted from one generation to another.

Geriatrics: The branch of medicine that deals with old age.

Gerontocracy: The domination or control of society by elders.

Gerontology: The study of aging.

Gerontophobia: Fear of aging and the elderly.

Independence: The ability to take care of oneself without help from others.

Inflation: Rising costs.

Integration: Uniting or bringing together, such as in black and white or young and old.

Kinship: State of being related biologically, by marriage or adoption.

Liberal: An attitude not bound by traditional forms.

Life Cycle: The pattern of life from birth to death.

Life Expectancy: The average length of time a person born in a specific year can expect to live.

Life Span: The normal, potential length of life.

Lobby: A group that speaks for a particular cause or interest group.

Longevity: The actual length of life.

Mandatory Retirement: Required removal from a job because of age; illegal since 1985.

Medicaid: A state government program of medical assistance for people who cannot afford to pay their own medical expenses and have less than a specified income.

Medicare: A program of medical insurance for those 65 or older and others meeting specific criteria. The premiums for this federal program are paid by older members.

Nursing Home: A facility for persons unable to care for themselves physically or mentally. Nursing care is usually provided by nurses aides.

Osteoporosis: Loss of calcium from bones; brittle bone disease.

Pension: A retirement income paid by a company to a former employee after years of service.

Prejudice: Opinion based on insufficient evidence; an irrational attitude of hostility directed against an individual, a group, a race, or their supposed characteristics.

Public Assistance: Financial assistance to people with limited incomes, commonly referred to as "welfare."

Retirement: A situation in which a person voluntarily leaves the work force and either no longer works full-time for the same employer, seeks employment, or receives pay for work performed.

Revenue: Money received by government, especially from taxes.

Rite of Passage: The process or ceremony by which a person advances from one age-grade or status to another.

Role: Function performed by someone, such as the role of "mother," "friend," or "worker."

Segregation: Isolation or separation of various categories of people such as black and white or young and old.

Senility: The loss of memory and motor capacity due to a progressive disease, such as Alzheimer's, or to a trauma, such as stroke or accident.

Seniority: The principle of reserving certain rights or privileges to those who are older or who have the longest involvement.

Social Security: A government insurance program financed by employer-employee payroll taxes, or contributions, most of which is used to provide retirement income.

S.S.I.: Supplemental Security Income. A minimum monthly income paid to needy people 65 years of age and over and to the blind or otherwise disabled.

Status: A position held in society that carries with it a certain role.

Stereotype: A prejudiced view that fails to recognize differences or variations among individuals.

Subsidizing: Paying part of the cost of some commodity or service in order to make it more affordable to those who might otherwise have to go without.

Tradition: A way of doing things based on what has been done in the past, a custom.

Values: Strongly held attitudes or beliefs.

Veneration: The displaying of great respect or worship.

Volunteer: A person who by choice performs a service without pay.

Widow: A woman whose husband has died.

Widower: A man whose wife has died.

Zero Population Growth (ZPG): A balance of birth and death rates that results in a stable population.

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